LOWERING THE STIGMA OF MENTAL ILLNESS: A PRAXIS FOR FACILITIATING A COMMUNITY'S WILLINGNESS TO SEEK MENTAL HEALTH SERVICES

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TABLE OF CONTENTS

ABSTRACT iv

ACKNOWLEDGEMENTS v

DEDICATION vii

INTRODUCTION 1

1. MINISTRY FOCUS 4

2. BIBLICAL FOUNDATIONS 13

3. HISTORICAL FOUNDATIONS 34

4. THEOLOGICAL FOUNDATIONS 53

5. THEORETICAL FOUNDATIONS 64

6. PROJECT ANALYSIS 84

APPENDIX

A. PRE TEST 107

B. POST TRAINING 113

C. TRAINING OUTLINE 119

BIBLIOGRAPHY 140

ABSTRACT

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by
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United Theological Seminary, 2015

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This research examined the attitudes of African-Americans toward seeking mental health services. The purpose of this case study was to understand the attitudes of church leaders at Mt. Olive African Methodist Episcopal Zion Church regarding mental illness. Chattel slavery devastated African-Americans and the lingering effects of the trauma are being transferred throughout generations. The goals of the project were to define mental illness, communicate the possible origins for some occurrences of mental illness in the African-American community, raise the awareness of church leadership to the prevalence of mental illness and reduce the apprehension of seeking professional services for assistance.

ACKNOWLEDGEMENTS

I want to start by thanking God for this opportunity to learn more about myself and my role in ministry. I want to thank Mt. Olive AME Zion church and Presiding Elder John P. Gant. His support and encouragement have been critical to my perseverance through this process. I also want to thank my present congregation, Community of Hope AME Zion church. They have welcomed me with open arms and have been supportive through the last phases of this process.

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I would be remiss if I didn't thank the faculty and staff at United Theological Seminary for their support and help along this journey.

My last acknowledgments are for the two people that have had to sacrifice the most during this process. To my son, Hunter and to my wife, Tia, I want to thank both of

you for enduring this process with me. You both had to sacrifice in order for me to reach this goal and I am appreciative.

DEDICATION

This project is dedicated to the memory of my father, the late Rev. Malone Smith, Jr. He never got to hear me preach or pastor a church, but he was providing instructions on how to lead a family and congregations through his life and example. He was my first seminary instructor, but the thing I cherish the most is that I am his son. I am proud to bear his name and am grateful that he always told me how proud he was of me. I do not know how you measure a man, but I measure a man by his actions and his words. My father was a man of his word and his actions demonstrated his love for God and his family.

I would also like to dedicate this project to one of the strongest women that I know. Gwendolyn S. Smith is strong, intelligent and a fierce defender of her family. Her strength is the secret to any measure of success that our family might ever achieve. Her sacrifice, diligence and loving kindness are the foundation that I have built my life upon.

The other strong woman in my life is my wife. Tia S. Smith has simply made me a better man. Her unconditional love and compassion amazes me every day. She is my friend and partner. She has a strength that I can't even begin to understand. She is a loving mother and wife. Our union is a gift that could only be equaled in the gift that God gave to both of us in our son, Hunter Smith. He is the best son a father could have and I want to thank both of them for their sacrifice.

This dedication would not be complete without mentioning my brothers, Duane and Byron Smith, my maternal grandparents, Joe and Mary Strother and my fraternal grandparents Malone and Jennie Smith, Sr. along with a host of aunts and uncles. My wife's parents, Rev. Larry and Dorothy Hunt are also a big part of this achievement.

Lastly, to persons suffering from behavioral health issues, please do not suffer in silence. I dedicate this project to each of you and pray that God's grace and mercy cover you.

INTRODUCTION

African Americans are suffering from mental illness and their mistrust of the health system only exacerbates this issue. The news has been filled with headlines of persons suffering from mental illness. We have seen mass shootings at schools and movie theaters. We have also seen the suicide of actor, Robin Williams, who suffered from depression. Youth in our cities here in the United States are suffering from the effects of Post-Traumatic Stress much like the soldiers returning from conflicts in foreign countries.

The derivation of mental illness is as varied as the persons suffering from the disease, however, as we examine the environment of African Americans there are factors that can contribute to these behaviors. Understanding the source of these feelings and how they present can facilitate identifying methods to mitigate the occurrence of these illnesses or help persons suffering with mental illness cope.

Racism is the result of people fearing people they are not familiar with and African Americans have taken a similar approach to persons suffering from mental illness. They seek medical treatment for an issue with their physical health, but they are hesitant to address their mental illnesses. Traditionally, society has labeled people as crazy and fails to give people suffering from mental illness the same level of respect and compassion that persons suffering from physical ailments receive.

We have to fight for the mentally ill just as hard as we fight for other social injustices. We cannot be liberated until we fight for liberation of our entire community. We can't claim to fight for justice and empowerment without reaching out to every segment of the community. African Americans have been marginalized by society, for us to marginalize persons in our community with mental health issues exacerbates the problem.

Africans were enslaved and brought to America. Their captors viewed them as property and mistreated them, terrorized them and traumatized an entire group of people based on flawed assumptions that they were inferior. These thoughts had no scientific background, but because they are widely written in scientific literature they believed these tales. Unfortunately, this inferior view of personhood continues to influence people. These thoughts even impact how some African Americans view one another. To fully embrace and practice a liberating theology, we need to make certain we are not oppressing the perceived strangers within our community.

The stigma associated with mental illness is a barrier that needs to be addressed if society is going to make exponential moves in treating behavioral health. There needs to be a more concerted effort to assist persons suffering from the disease with the help and support they need to thrive rather than just survive in society. My hypothesis is that if you educate African Americans on their history and how it was shaped by chattel slavery you can start a discussion to move church leaders toward understanding the origin of this disease state and help congregants become increasingly more comfortable with seeking help. Doctors are increasingly looking back at genetic lines and studying DNA and environmental factors to help people fight a number of disease states.

There are studies examining the traumatic effects of chattel slavery on Africans and how it has affected their ability to thrive in present society. The vestiges of the ideologies that fuel slavery are evident in literature, entertainment and educational systems. The ideologies were based on pseudoscience that viewed Africans as mentally inferior and only fit to serve as slaves. This thinking also lead to blacks being utilized in inhumane scientific experiments and being on the receiving end of inferior health care.

Making African Americans aware of the trauma their ancestors endured in slavery and how institutional racism impacts their lives can give them the answers to some of the questions about their present psychological state. We have to understand the dual consciousness W.E.B DuBois discussed decades ago and how many are still dealing with trying to fit into a larger society that devalues their cultural differences. Doctors and counselors will also have to work harder to incorporate cultural competence into their examinations. They have to consider the stressors that are unique to African Americans.

My model for ministry would introduce the idea of Post Traumatic Slave Syndrome and how environmental factors and experiences can facilitate this syndrome. I would expect that persons that know more about their history and how it impacts them will be less hesitant to seek help for their mental health issues.

CHAPTER ONE

MINISTRY FOCUS

The community surrounding Mt. Olive African Methodist Episcopal Zion Church has been in a state of decline for years. This chapter will examine how the community's decline and my ministry focus met to birth this project. This chapter will also outline how my professional experience shapes my approach to the project.

Organizational behavior has always been interest of mine and that is why I studied organization psychology. Learning how organizations work and how to move people toward a goal is a challenge that drives me in my professional career, but as I examined my dissatisfaction with the church I realized that I was applying my secular work lens to the sacred. How does the church care for and nurture people seeking help for mental illness? How does the church address mental illness?

My wife and I moved to Tallahassee and within three days an offer was extended by a former colleague for me to join him at a state agency. He wanted me to assist in implementing a new format for bringing mental health providers and consumers of these services together. My original focus was on the information technology side of the implementation, but my role changed and my employer asked me to negotiate the contracts. This gave me more insight into the programs and how providers worked with consumers of these services in the state.

My travels across the state during these negations increased my awareness of the people suffering from mental illness. The severity of these consumers covered a wide spectrum that ranged from anxiety and depression through schizophrenia. As my eyes were opened it became clear that huge numbers of mentally ill people were being arrested and jailed instead of receiving proper care. There was a large majority of persons seeking and needing help that looked like me. I also saw the struggle for state agencies to get increased funding for these consumers. The needs of the mental ill are often overlooked and results in poor funding for this portion of the community.

My education exposed me to the idea of social justice. I knew about Martin Luther King, Jr. prior to entering college and was somewhat familiar with Howard Thurman, but having the opportunity to hear Dr. Calvin Butts and Dr. Samuel Proctor during my matriculation at Morehouse planted a seed. I saw all of these successful men coming back to our school and discussing how they were making a difference in the world and their communities. Our teachers challenged us to make sure we never forgot about our community.

The talk about being present and working in your community was great while I was in college, but after I got out of school I was concerned with getting a good job and getting my portion of the American Dream. I received my masters in Industrial Organizational Psychology and went to work in New Orleans for a utility company. My first job was as a human resources representative. In this role, I learned about the importance of having the right people in the right role. Everyone works optimally when they are in roles that fit their skill set. God has equipped us all with special skills and in

many of my supervisory roles I have helped people find roles that leverage their natural skill set, thus helping them reach their maximum potential.

My next role was a consultant for one of the big five consulting firms. I worked as a change management professional with an emphasis on organizational redesign. Setting clear objectives and not starting a project until your objects were clearly verbalized by the entire group was critical. I began to see that most projects in the church were unsuccessful because there was no buy-in by the congregation.

I met my wife while working for this firm and during this time I also transitioned to pharmaceuticals sales. Much to the shock of our nation, two planes hit the twin towers in New York City on September 11, 2001 and I was ready to stop traveling to work sites every week. This transition gave me the opportunity to be off of the road every week, but I soon received a promotion and the endless game of planes, trains and automobiles started again. My promotion took us to Charlotte, North Carolina and this city is where I came back into touch with my roots.

My father was a minister and I grew up in church, but I did not attend after starting college. This changed when I met my wife. While dating, she insisted that I attend church if we were going to have a future. We attended church prior to moving, but when we moved to Charlotte my pastor asked me to serve as an officer in the church. He and I grew up in Mobile, Alabama and both of our dads were minsters in the African Methodist Episcopal Zion Church. He asked me to serve as a steward and asked me to chair the capital campaign.

This was where the experience from my occupation began to converge with my vocation. I had experience as a consultant, training professional and sales person. I had been successful in each of them, but the more I got involved in church the more unsatisfied I got with work. I started to utilize the skills obtained throughout my career to help the church. As a consultant and sales person you ask probing questions and push people past their limits to gain consensus to move forward. This was the most rewarding work I had done in years. I was not concerned about increased sales or movement on a project anymore; these where not the accomplishments I was seeking anymore.

Several years earlier the call to preach was reverberating in my ear, but I was perfectly happy putting it on the back burner. Working in the church brought that sound in my ear back to the forefront. As I began to contemplate my education at Morehouse, the call started to weigh on my heart. What good would it have been to be successful and not have given anything to this world? Could I be true to my time at Morehouse if I failed to give back to my community? My son has about two years old and my father had been dead about three years, but a conversation we had prior to his passing burned in my spirit for months.

When visiting home, my father and I spent hours around the kitchen table debating the merits of the present church and I was always present to highlight its shortcomings. Shortly before he passed, he told me that you could not make a difference nor have anything negative to say about the state of the church if you were not actively working to assist it. What was I doing to help the situation?

This acceptance of my call along with a confluence of other circumstances led my wife and I to move to Tallahassee. Leaving a well-paying job and successful career with

no job and eight months of savings is a daunting task, but we made the leap. I was offered a job within days of arriving in Tallahassee, but I refused it. Running into another colleague from the past would lead to being offered the choice of three jobs and I turned them down. I was intent on starting my own business, but as things progressed I accepted one of the three jobs he offered.

I found myself working at a social services agency charged with developing an information technology system to support the state's substance abuse and health program. After a couple of months, I was approached to move into the substance abuse and mental health program office to negotiate contracts and lead their performance management group. What did I know about substance abuse and mental health? Luckily, my consulting skill set and sales experience helped me identify the requirements in the contracts and work with the parities to negotiate the contracts.

I was in this role and had accepted my call to preach and had even entered United Theological Seminary in the doctoral program, but I still did not know why I was in that role with the state. Our first intensive discussed the issue of human trafficking and domestic violence and it was during that week the connection became clearer between substance abuse, mental health and my ministry. People suffering from mental health issues are preyed upon by human traffickers and people masking mental health issues with substance abuse are also preyed upon by human traffickers. When you couple this with the fact that the poor are also easy targets for human trafficking it became clear that the issue of mental health is a topic that has to be addressed by the church. Who was going to seek justice for this group of people?

The church didn't seem to speak to me as a young African American male. I had succeeded by the world's standards in the corporate world and was positioned to make another leap. A number of social issues needed someone to take up their mantle, but the church seemed silent. This was my issue with the church. I am sure churches were speaking out on these issues, but where they speaking loud enough for people to hear their voice? The mental health issue is a burning platform that was on fire. In the corporate world, we seek to ignite platforms to get people rallied around a project. Mental health was an inferno, but it appears that the church was largely silent on the topic. Was it going to take more schools massacres for someone to speak out?

This is where I began to ask those probing questions we learned to construct in my consulting and sales career. The biggest question asked was is the church doing enough to help people with mental health issues? If not, why are churches avoiding the conversation? Are African Americans getting equal access to mental health services? I saw a disproportionate number of black males in the institutions utilized to house persons found not guilty by reason of insanity. Scores of young African American men clearly with mental issues confined because of brushes with the law. I do not doubt some of them truly needed to be in these institutions, but could they have been helped before they ended up behind these walls.

If there is no lack of access to mental health services for African Americans, is there a hesitancy to seek services? There are numerous reports of African Americans, especially males, failing to seek medical care. How do they fare in terms of seeking help for mental health issues? Are the high instances of substance abuse in my neighborhood

due to people not seeking help for mental health issues? How does the stigma associated with suffering from mental health issues affect a person's willingness to seek treatment?

There are a number of questions about the societal factors that inhibit or facilitate persons receiving mental health services, but there are also questions that the faith community needs to answer. Is the environment in churches conducive to persons seeking help with mental health issues to come forward? Are leaders in the church equipped to handle congregants that approach them with mental health issues? Do churches think this issue is important enough to provide training to church leadership on observing mental health behaviors and referring congregants to professional help?

Increasingly, it became clearer when preachers were in the middle of the celebratory portion of their sermons in the Black Church tradition; they would say they were about to lose their mind, but God kept them. That is great for them and it sounds good in a sermon, but what about the people in the congregation that have prayed and fasted and have not received the relief that you are preaching about? Is their sin keeping them from getting relief? Is it because their faith is weak? Are phrases like this alienating persons suffering from mental illness? Are their families ashamed to approach church leadership because of these phrases being uttered in our pulpits? How does calling people crazy from the pulpit impact the congregant's willingness to approach the pastor with a mental health issue?

Demon possession is also an issue when examining people's approach to mental health. Does this impact a person's willingness to seek help? Are the churched more prone to try and purge the devil out of these people than facilitate them getting professional help? Also, does the ego of the pastor become an issue? Does he/she feel

they can handle these issues and prefer not to refer out to professional help because God has equipped them to handle all issues that arise in their congregation?

Spending most of my adult life trying not to be my parents resulted in me following the same exact path my parents forged decades earlier. My background in psychology and my work experience were going to take me to the top of the corporate ladder and I was ascending fast, but looking at my son and how many other young men needed me touched my heart. It also helped that my professional mentor was running the social services agency after a long career at the consulting firm and personally asked me to join the agency. This was going to be a great chance to work with my mentor again; however, it turned out to be the opportunity to be my uniquely equipped self. Equipped to be a role model for my son and other young men and help shed some light on a segment in our society that is often over looked.

My project is an examination of mental health and how the church views mental illness. The questions posed earlier will be part of this examination. How does the church view mental illness and are there any programs available to help churches cope with mental illness in their community. There are funds available for faith-based organizations to provide training on mental health, but why are churches hesitant to utilize these programs? The goal of the project is to raise the awareness of mental illness, reduce the stigma associated with mental illness and help churches get assistance for their members with mental illness.

Everything that I have experienced and learned to this point in my life has lead me to seek assistance for this group of individuals and shed light on a subject that has been long ignored. Ex Facta Ex Lux or let there be light is the motto of Morehouse

College. That college and my parents instilled the value of serving my community and shedding light on mental illness is the goal of my project.

CHAPTER TWO

BIBLICAL FOUNDATIONS

Has the church lost sight of its mission to serve the less fortunate? Raising money to build new buildings and the need to compete with other churches can be distractions. In connectional churches, often the need to stay affiliated with the main church can take precedent. We concentrate on ministering to the people inside our congregations and forget those in the surrounding community. We often pass by the less fortunate in our society to get to church. We literally step over them to get in church and step back over them to go home. We do this without acknowledging their presence or attempting to help. We spend the majority of our spiritual energy observing the ceremonial requirements of our denominations and religious affiliations, but the true calling of the People of God is to serve people outside of our immediate church family. This call to serve is often overlooked because it takes effort. The creeds, anthems and ceremony are great, and I love worshiping in the Methodist tradition, but are we neglecting the call to serve those outside of our immediate sphere?

I have selected two scriptures to examine how they relate to our mission as Children of God to serve people on the fringes of our society. Our mission to defend the cause of the fatherless and the poor appears to have taken a back seat to meetings and other administrative obligations. We have a mission to serve the less fortunate and we

are spending too much time and resources on things that do not move us closer to serving our community.

The Old Testament and New Testament texts below speak to our mandate to serve humankind. The Old Testament and the New Testament scriptures selected address the People of God losing site of the true mission of the church and gives instructions on how to regain their connection to God. This connection is represented through the covenant and the community in the text.

> Deuteronomy 10:17-19 NIV
>
> [17] For the LORD your God is God of gods and Lord of lords, the great God, mighty and awesome, who shows no partiality and accepts no bribes. [18] He defends the cause of the fatherless and the widow, and loves the foreigner residing among you, giving them food and clothing. [19] And you are to love those who are foreigners, for you yourselves were foreigners in Egypt.

> Matthew 23:23-24 NIV
>
> [23] Woe to you, teachers of the law and Pharisees, you hypocrites! You give a tenth of your spices—mint, dill and cumin. But you have neglected the more important matters of the law—justice, mercy and faithfulness. You should have practiced the latter, without neglecting the former. [24] You blind guides! You strain out a gnat but swallow a camel.

Old Testament

Deuteronomy, the second law, or a second edition of the law was written to inform a group of people caught between their past and a promising future. God stayed with Israel despite their disobedience. The generation that originally received the law was dead and now this new group needed to revisit the law to instruct the new generation on how to inhabit the Promised Land in a manner pleasing to God.

Deuteronomy is assembled as a series of speeches. The speeches are all different in content, but all work together to remind Israel of their past to establish a foundation for

future success in a new world. The speeches end with warnings, promised blessings, the final acts and words of Moses and his death. The scripture I am focusing on is found in the Second Discourse: Rehearsal of the Sinaitic Laws, with Warnings and Exhortations.

Deuteronomy is attributed to Moses, but I would agree with the scholarly consensus that this book was written after his time. This text was used to coalesce a group of people. The Northern Kingdom had fallen and they had been in exile. The text would unite them around a central city and give them an identity through structure and rules of the road. It was imperative to establish a foundation to build upon. This foundation was necessary to continue to re-establish their identity.

Deuteronomy opens with a recapitulation of Israel's history in the first twelve chapters. Tanner states that to merely classify this as an introduction misses the message and intent of these chapters. They are constructed to combine the past, present and future into one reality experienced by God and his people.[1] It displays how God's grace and mercy have repeatedly been shared with his people despite their sin. God is instructing his people on how to stay connected and in relationship with him. Deuteronomy is a covenant text, but also contains a law code. Merrill states that

> The general stipulation section (5:1–11:32) and the specific stipulation section (12:1–26:15) function as such a law code and thus serve both in this capacity and in that of covenant stipulation. To put it more succinctly, the stipulations of the Deuteronomic covenant constitute the law code for the nation of Israel that was about to enter the new conditions and expectations of life in the land of promise.

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[1] Beth Tanner, "Between Text and Sermon Deut. 10- 12-22", *Interpretation A Journal of Bible and Theology* (January 1, 2001):60-63, accessed September 14, 2014, http://int.sagepub.com/content/35/1/32.abstract.

> This is why the following principles resemble both legal statutes and covenant stipulations at one and the same time.[2]

Deuteronomy was informing Israel that they needed to know the law and leading a life of inclusion, bringing people traditionally seen as living on the fringes into their community.

The passage in Deuteronomy opens with a persistent call to obey God in verses twelve and thirteen and versus twenty through twenty two. In the middle of this passage in versus fourteen through nineteen, the call to show care and concern for the disadvantage is given. Finally, verse seventeen gives the motive for obeying God's command to care for the disadvantaged. The sovereignty of God allows him to execute justice without concern for enticement. His sovereignty also causes him to seek justice and protect those whom society overlooks because of its preoccupation with worldly gains.[3] The most critical point being made in this scripture is that we are to imitate God's concern for people on the fringes of society. To have an effective relationship with God we have to equate loving and serving God with caring for the less fortunate. Our covenant relationship is vertical between us and God, but also horizontal to our neighbors living amongst us.

In an agrarian society the poor, orphans and widows are disadvantaged. The law was in place to ensure that these people on the fringes would be cared for and not taken advantage of because of their lack of resources. Roy makes a point that I find interesting. Often we think about people on the fringes being given special treatment or underserved

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[2] Eugene H. Merrill, "Deuteronomy," *The New American Commentary,* Vol 4 (Nashville, TN: Broadman & Holman Publishers, 1994), 139-40.

[3] Ibid., 200-05.

communities receiving affirmative action. These terms have turned many away from helping the less fortunate, but Roy argues that indeed that is the true definition of divine justice. In verse seventeen through nineteen, God's restorative justice is linked with his impartiality because he wants all of creation to have the equal provision of basic rights. This desire to have all experience God's basic provisions often calls for the unequal responses because the needs are not equal.[4] Mott writes, "The equal provision of basic rights requires unequal response to unequal needs. Justice must be partial in order to be impartial. Only by giving special attention to the poor and downtrodden can one be said to be following "the principle of equal consideration of human interest".[5] Toombs also indicates that the twelfth verse may have been familiar to the people because it was taken from the literary form utilized in Micah 6:1-8. Toombs suggests that the form may be older than the temple entrance liturgies found in Psalm 24. He suggest it goes back to part of the ceremony of covenant renewal utilized to identify as a member of the Covenant League.[6] These verses not only ask, what does the Lord require, but it also provides the answer. This seems logical to me because if you agree that this was a document written to unite people and facilitate living a life for God, then you need to identify what God requires and demonstrate how to fulfill the requirement. Tanner also pointed out the similarity to Micah, but highlighted that in Deuteronomy God is not

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[4] Steven C. Roy, "Embracing social justice: reflections from the storyline of scripture" Trinity Journal (March 1, 2009): 3-48

[5] Ibid.

[6] Lawrence E Toombs, "Love and Justice in Deuteronomy: A Third Approach to the Law," *Interpretation* (October 1, 1965): 399-411

requiring, but asking the people to reflect on what they had to do to remain in a relationship with God. [7]

Relationship is the heart of this passage. To maintain a productive and fruitful relationship with God his people need to be in an active, productive and loving relationship. Tanner states "This relationship has at its core a passionate love and a deep commitment from God's side that the people of God are to embrace and return". [8]

The people of Israel had been through some tough years. Their disobedience was the cause of these tough times, but the willingness of God to restore his people because of the covenant we made with the prior generation is a great demonstration of his love and mercy. God did not owe this group anything, but what is on full display in Deuteronomy is the grace and mercy of a loving God. This was not an attempt to bring restrictive regulations. I agree with Tanner when she states that God's law is not pejorative, but it is rewarding and giving. This was evident later in the text when despite everything the parents of those about to enter in to Canaan had done; God was still keeping his promise to deliver them into the Promised Land.

This text represents the hope that we as present day People of God must live with every day. We are also living in a time where we are busy attending to the ceremonial components in our lives. Are we paying attention to the things that God wants us to attend to? We often see God in the Old Testament bringing destruction and we constantly hear that we should fear God. This text outlines that God is a caring and

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[7] Tanner,"Deuteronomy 10: 12-22".

[8] Ibid.

nurturing God that is always showing mercy for his people despite their disobedient ways. God is simply asking us to worship him with sincerity. True love in action is the sincerest form of worship.

We spend a great deal of time focusing on the Sunday worship experience in our sanctuaries, but we also need to focus on worship as it applies to our lives outside of the sanctuary. Tanner suggests that Deuteronomy was also designed to deal with the unattractive realities of a society in decay. False Prophets, aggressive land lords, greedy merchants and corrupt judges were just a few things Israelite society had to contend with.[9] I agree with Tanner that justice and love are closely related and that God is asking us to respect and care for his entire creation. Our love and desire to please God should encourage us to provide for those that society could easily exploit. We do not have to personally know and love them, but because they are in our community, as People of God, we must attend to their needs.

The community is extended in the later portion of these verses. God is instructing his people to care for everyone including foreigners. We have to be impartial with our love and provide for everyone. God reminds them in verse nineteen that they were once foreigners, so why would they not be sensitive to the needs of foreigners? God reminded them in earlier chapters that he provided for them as they wandered through strange lands. God is asking them to remember their past and protect those without a home and ties to the land out of thanksgiving for their deliverance.

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[9]Ibid.

We are presently in a decisive moment in history. The internet, changing demographics and socio-economic shifts have many people looking for a sign of stability. The separation of church and state is getting bigger, but it is interesting to note that Deuteronomist do not separate the two. The law works through the sacred and the secular. They should be congruent, providing the synergy of praise and worship coupled with truly serving the people that need aid the most.

The church has a mission that is reaffirmed and translated again in Deuteronomy to serve the poor. In an increasingly hostile and divided political arena, seeking to provide for the less fortunate amongst us gets you labeled a socialist or liberal. Economics is not the only reason, but it is a big reason people do not agree with social programs. I am not arguing that social programs are the answer, but I am asking us to consider that God is asking us to provide for the poor in our society, in turn, he would raise all of our subsistence levels because we kept his commandment to take care of the least fortunate.

God is concerned about people without ties to land and community. Our modern day homeless population is this group. Mental health and substance abuse are often key factors that lead to homelessness. This is dangerous because suffering from these issues also makes young men and women targets of human trafficking. The mentally ill and substance abuse population are on the fringes and are exactly the type of people God was speaking about caring for in Deuteronomy.

Our society has made a number of advances, but because of these advances we are losing touch with each other. God reminded the Israelites they were once foreigners. God is asking us to treat everyone with compassion not just the people in our community.

This is getting increasingly more difficult as society becomes less social. People talk less and text more. We are increasingly leading on-line lives. This may adversely affect our willingness to help. We already do not want to go outside of our community, but if social contact decreases our willingness to help strangers might dramatically decrease. Our social media ministries are great and needed, but we have to make sure we do not forget about the people who are not represented on social media.

Humans also struggle with wanting to be first. The church is being urged by God to stop being concerned about rituals and connect to the people around them. Our call is to break down walls and start building an authentic relationship with those we come into contact with in our daily lives. We ask people to come to church just as they are, but we judge them and make them feel self-conscience about not having traditional church clothes.

The church has to lose its internal focus and begin to focus externally. I attended a meeting to discuss the music played during service. Younger members of the congregation asked the church to consider playing livelier music, but the leader of the church quickly mentioned that he did not like contemporary gospel music. The focus of the discussion was to discuss how to update worship for the twenty first century. Your personal likes and dislikes have to be put aside. Our goal should be to maintain the solemnness and holiness of the worship experience, but also give it a modern twist that attracts people to God. The best way to achieve this is to consider the people and their wants without getting lost in the way we see church functioning. The traditional methods are great guides, but we can't be afraid to reach out and meet the unchurched in methods

they understand. Also, we need to make an effort to make all guests comfortable because we were once new in the church and needed others to make us fell welcomed.

New Testament

The Israelites in Deuteronomy were in transition and as we begin to examine the New Testament text we again see a group of people in transition. The Jews and early Christians were at odds and the story put together in Matthew was an attempt to instruct the early Christians on how to live a life worthy of gaining eternal life. Inconsistency between one's faith and one's action whether one is aware of it or not, is the essence of this text. In the Deuteronomist theology adopted by Matthew from Q, hypocrisy represents a lack of trust in God, a turning away from God toward what others think as the point of orientation for one's life.[10]

The text from Matthew also examines religious leaders and their practice to identify what God will have them do. Similarly to the Israelites in Deuteronomy, these early Christians are struggling to find their identity. The early church and the Rabbinic Jews were at odds on how to bring the traditions of the past forward to the new reality. The People of God were in transition again. In this context, the People of God even take on a new meaning because it has continued to expand from the caring for the foreigner to that foreigner now being considered a member of the community of faith.

This passage will also establish that God wants his people to worship him sincerely through their actions. We honor God in the highest form when we provide for the welfare of those that need assistance the most. To know scripture is good, but when

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[10] Anthony Saldarini, "Delegitimation of Leaders in Matthew 23." *Catholic Biblical Quarterly* 54 (October 1, 1992): 659-80.

you put the scripture into action through expressions of love is when God is served. Opening up the heart is the key. God wants the Israelites to have circumcised hearts. Circumcision was an outward sign of people belonging to the convent community, but just like Deuteronomy, God is calling us to open our hearts and pay attention to our actions. This verse will also confirm that our horizontal relationship with our community is how God will judge our faithfulness to him.

Matthew is a community narrative utilized to convey messages in a community setting. While the text in Deuteronomy was to be studied and recited by the king, this text was to be read aloud. This was text that the community was to hear to bring them closer together under its teachings. The narrative nature of the gospel is aided by the chronological form it follows. The gospel follows Christ from his birth through the great commission.[11]

Scholars believe that Matthew utilized Q and a slightly revised form of Mark along with items particular to his tradition to compile Matthew. B.W. Bacon suggested that this Christological narrative was structured to imitate the Pentateuch to display an alternate way of interpreting Jewish law. I agree that the writers would have utilized a format that the people were familiar with to compare and contrast differences in the interpretation of the law. This would seem to also make it easier for people to follow if they were listening to something that had a similar format to a familiar text. Mathew is a

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11 Eugene Boring, M. "The Gospel of Matthew: Introduction, Commentary, and Reflections," in *The New Interpreter's Bible: A Commentary in Twelve Volumes*, vol. 8, ed.Leander Keck (Nashville, TN: Abingdon, 1999),

narrative and should be examined as a story with five speeches inserted into the narrative.[12]

Our text is in the final discourse on judgment and it examines the human soul and its relationship to universal judgment and the triumph of God's kingdom. The strictest adherence to the law is good and is desired, but the author is pointing out that if your heart is not right and your actions do not reflect the love for God and his creation, you are off the path.

The leadership of the Jerusalem Temple was lost. The temple had been destroyed. The high priests were dying or had been enslaved. The community was looking to identify a rallying point or a group to step forward. Gradually, traditional and new groups formed coalitions to gain influence and power in Judea.[13] Who was going to define how to exist? Who was going to define the new way of life?

The text reflects the tension that emerged between Matthew's church and the Rabbinic Judaism. [14] The time period is roughly fifty years after the death of Jesus and Matthew is questioning the sincerity of the Jewish leaders. They are saying the right things, but their actions are not congruent with living a righteous life. These people are sitting in Moses' seat. Traditionally, they have been looked upon to provide direction through teaching. It is only natural for people to look to their leaders for direction. This is especially true in times of distress and uncertainty. Matthew examines the actions of

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[12]Ibid.

[13]Saldarini, "Delegitimation of Leaders in Matthew 23," 659-80.

[14] *The New Oxford Annotated Bible: New Revised Standard Version with the Apocrypha*, rev. ed., ed. Michael D. Coogan et al. (New York, NY: Oxford, 2010), 1780-1781.

these leaders and how their mixed messages were causing confusion for people trying to establish their roots.

This tension with the Jewish community should not be viewed as a lessening interest in Jewish Scriptures. This tension should be viewed as concerned leaders wanting to demonstrate how the Jewish Scriptures find their fulfillment in Jesus and the church.[15] Matthew's church was deeply rooted in its Jewish community and was deeply concerned with issues relating to law. The intensity of this relationship was heightened because a number of communities were trying to define themselves, but found it increasingly hard to define themselves apart from one another. Their past linked them. The traditions they were raised in was their common thread. Matthew's early church was not trying to distance themselves, but was placing a lens on the leaders to examine their actions and how they were influencing the lives of others. Matthew's church was involved in an intense relationship with the surrounding dominant Jewish community and it did not define itself apart from that relationship.[16]

In Deuteronomy, the Israelites were in the midst of social change. They had been wondering for years and were close to entering the promise land. God was reminding them of the Covenant he had with them, but he also needed to remind them how to live within the covenant. A heart for the less fortunate was the way. In Matthew, the early Christians are struggling to find an identity in the face of the variety of groups and their views on the law. Their views were placing them on the fringes of society.

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[15] Boring, "The Gospel of Matthew: Introduction, Commentary, and Reflections."

[16] Ibid.

The audience was a wealthy group that had progressed beyond the agrarian society we found in Deuteronomy. The "poor" and "hungry" in the Q beatitudes become in Matthew "poor in spirit" and those who "hunger and thirst for righteousness[17] As their subsistence level rose they had more time to ponder. The leaders dedicated time to learning God's word. The people saw that they were ascending to positions of power, but were not living according to the law they were chosen to teach.

Were the scripture and tradition in opposition or were the people and their differing opinions on the application of these laws the real issue? Looking at both texts, they seem to agree on what it takes to serve the Lord in a sincere manner. Regardless, these woes were commenting on traditional practices and how they would remain loyal to the leaders that were inconsistent.

This narrative was written for Mathew's people. It was communal reading utilized to create a common meeting place, provide instruction on their faith and clarify their perspective versus the surrounding streams of thought about the law and scripture and their application in the changing world.

Saldarini states that this text read as one story versus two discourses is a warning for their community not to take justice and mercy lightly.[18] Following the points of law is good, but it is possible to meet law standards and not serve others. The chapter starts with harsh words for the leaders, but Mathew is not discounting the law. The Christology narrative identifies Jesus as the fulfillment of that law and highlights the need to hold our

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[17] Boring "The Gospel of Matthew: Introduction, Commentary, and Reflections."

[18] Saldarini, "Delegitimation of Leaders in Matthew 23," 659-80.

actions as high as our regard for the law. The two things exists together and are meant to work together to provide direction and instruction.

The first inclination is to see the opening of this text as an attack on the Pharisees, but it was honoring the law. The text can be seen as warnings to the leadership of the early church against the following practices: 1) They say but do not do 2) They burden others while failing to act themselves 3) They act for the wrong reason: to make an impression on others. After the destruction of Jerusalem, the rabbinic leadership emphasized external signs of faithfulness to distinguish themselves in an expanding society. They were concerned that Judaism would start to reflect the surrounding world. Matthew's was speaking out against the leadership of the synagogues urging them not to conform to these changing practices and pressures of the changing world.

The members of the community are to be "servants" to one another.[19] The focus was on outward signs to set yourself apart as a person worthy of honor, but leadership was being redefined as offering yourself up to provide for others. The focus was on preparing the outward symbols of piety, but they were failing to perform the acts of justice. The best illustration is the idea of cleaning the outside of the cup, but failing to clean the inside. The water needed to stay as clean as possible because you ingested it. The leaders were more concerned about the outside of cup looking good so people would see them with nice shiny cups, but they neglected the inside of the cup. The leaders were asking the people to examine themselves inwardly and outwardly, but they were only performing the outwardly signs. They were missing the acts of kindness that build

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[19] Saldarini, "Delegitimation of Leaders in Matthew 23," 659-80.

community. The personal touch with the members of the entire community is how you distinguish yourself as righteous.

This is the same personal touch God was asking for in Deuteronomy. From an African American perspective, you can relate to God asking the Israelites to remember when they were strangers in the land. Years of slavery and oppression were and are constant reminders of how our ancestors were brought to a strange land against their will. The African American community should be able to relate to foreigners and immigrants in our communities, but I do not see many churches in my immediate community on foreign mission trips. However, if they would just serve the persons on the corners surrounding the church they would be expanding their horizontal love. This type of love builds a community.

This type of relational love was also missing in the text in Matthew. The people were looking for relational love from their leaders. They needed a source of stability to help them navigate the changing landscape. The early church was in the middle of a major shift in the text. The modern day church is also in the middle of a very similar shift. People are examining our present cast of leaders and wondering if they are ascending to high places, but failing to work together to solve our pressing issues. Our leaders speak to bi-partisanship, but we have yet to see any signs of this collaborative spirit make any meaningful changes. People are becoming upset with the lack of action. The integrity of our leaders is also being questioned. You combine this with issues like the same sex marriage debate and you have a society in the middle of a paradigm shift. Members of the church are waiting to see where our leadership stands on these moral

issues. How will the change in what society is willing to tolerate affect what the church teaches and how they approach serving the community?

This passage calls all of us to be leaders. We do not have to sit in a place of authority to attend to the ways of God. Many aspire to ascend to places of importance, but God is reminding us to not let going to the big church on Sunday send you to eternal damnation. People might recognize you as a member of the big church and a tithe paying member, but do the people in the community know you as a generous person. What have you done for them?

Conclusion

These two passages confirm that God loves and cares for his people and consistently serving God helps you make it through tough times. Both groups in the text were in the middle of societal changes. God is asking the present age the same question he posed in these two verses. What are we doing to ensure that justice and mercy are alive in our actions? We always hear about the education system not preparing our youth for the future. You definitely hear about the disparity in the education urban children received compared to kids in the suburbs. Failure to address resource distribution will always keep the educational levels unbalanced.

This imbalance has been in existence for years. The question for the church is can we do more? Where are the educational schools systems run by the main line denominations? A school system may be extreme, but at the very least cannot each church in the community support the schools in their surrounding areas by supporting the teachers and students. The question then becomes the separation between church and state and the extent the church can assist in a public school. The church starting their

own school would not separate the two and support the stance of the Deuteronomist that there is no separating law and justice.

Starting a school, establishing shelter for abused women and children or providing daycare for single parents are all examples of how the modern church can work with people that are susceptible to being abused by the powerful. God wants us to care for those that cannot care for themselves. The mentally ill are also found in this group that needs care and compassion.

The two audiences were in flux and God was acting to provide a foundation for them. The modern church has to make a decision and demonstrate how it is going to relate to the new norm. The secular world is relaxing views on homosexuality and drug use. How will the church respond? The modern world is converging with the sacred, but God is reminding his followers that they should stay consistent and true to their mission. Our mission has been consistent over time and helped the people of God in the Old and New Testament scriptures find their identity. Does our present membership know where the church stands on these issues in our community? Is the church acting in a manner consistent to our beliefs?

In our humanity, we seek out recognition and fame, but God is reminding us that people are looking to the church in this time of turmoil and changing attitudes. They are waiting to see what we will say, but most importantly what we will do. Both texts ask the People of God to inwardly make a commitment to uphold justice. Shifting attention from the outward signs and acting on our faith as our outward sign. The stone tablets in the Old Testament and the phylacteries in the New Testament are both signs of God's law and word being amongst us, but what do they do for the community? They are not

capable of acting. The thread that unites both texts is the call to action. The observation of the law was stringent and could be seen as restrictive. These text were present to demonstrate how acting in God's love frees us.

When we serve the poor we acknowledge that we are thankful for our provisions and create a path for God to bless us with more. In connectional churches, each church has a fiscal obligation to the corporate church. They work hard to honor their commitment to meet the financial obligation to the connectional church, but are local needs being neglected? We must present a similar challenge to the one levied in the Matthew text. We have attended to keeping the structure in place, but the foundation of the church may be broken. Should the connectional church be self-sustaining by now? The two texts are a call to move away from the ceremony and have tough discussions about how to make the economy of the church viable, so the community can be reconciled to the church.

Deuteronomy and Matthew are cautioning the church to examine where it is spending its time and effort. This examination should cause us to question whether we are putting our leaders up on a pedestal and neglecting the parishioners and the surrounding community. Are we working diligently to connect with the unchurched in our community? Our internal commitments may be preventing the modern church from demonstrating love from their position of perceived power.

Many members of our congregations have moved out of the community the church is located within. This has caused a disconnection in the relationship between the community and the church. The gathering place and center of life has been scattered. The modern church should return to its place as the focal point. Does the local church

provide programs and services for the people in the surrounding community? Do the programs reflect the needs of the community? We have mentally ill persons in our congregations and communities, but does our evangelism effort reflect this need? We send surveys out to our members, but do we ask the community what role they need the church to play in their community? The church must take the opportunity to establish itself as the home base for the community.

Equality is a big issue in both of these texts. To right an injustice, you have to approach equality with a period of inequality. The inequality took place over time, so it is going to take time and resources to bring things back into balance. The poor will need more resources as they get back on their feet, but once they are up you can dedicate resources to the next need. Helping everyone come up to an acceptable standard of living helps everyone thrive. We can move on to other issues in life when food and shelter are secured.

God speaks to his justice and the importance of leaders to be impartial and above bribes. As leaders in the church, we cannot pick and choose whom we decided to help. Your love and mercy should be open to everyone without prejudice. God wants us to imitate his impartiality in how we provide for everyone. Zion Methodism was born out of the desire for members to serve in the church free of segregation and limitations. While birthed out of the desire for freedom, our denomination has to ask itself several questions in this increasingly diverse society. How do we remain relevant in today's world? The initial answer is provided in the text. The church has to return to service and putting love in action. Our service to others will transcend any name or title. My son knows my legal name, but he knows me as daddy based on my actions. These texts are

constant encouragement to question our existence. We are not questioning our intent, but we should honestly evaluate our effectiveness in service to our community.

CHAPTER THREE

HISTORICAL FOUNDATIONS

This chapter examines chattel slavery in North America and the impact it had on persons of African descent that came to America as a result of the slave trade. The paper will briefly scan slavery in other parts of the world and how the demand for slaves coupled with feelings of superiority led the trading merchants and slave owners to view the slaves as property. As the slaves began to be considered property, the merchants began to see them as mere pieces of property with no humanity. This coupled along with the merchants having prejudices about the difference appearance of the people they were enslaving allowed the merchants to dehumanize their property and opened the door to a cruel and demeaning brand of servitude.

Slavery existed prior to the Trans-Atlantic Slave Trade. Tribes and countries that were at war would take slaves and make them indentured servants and force them to work for their freedom. While it was not optimum to be taken and forced to work, working and living conditions were not reported as being unusually cruel. The demand for slaves in the new world created a demand for slaves that threw merchants in a frenzy trying to fulfill the demand. The high prices slaves demanded forced them to look to other countries for these resources. They found resources that didn't look like them, so it became easy to push them beyond human limits. The demand for slaves also pushed the

morals and humanity of the merchants looking to capitalize off of enslaving a group of people and earning a profit at any cost.

This chapter will discuss how slavery and its vestiges of hate and indifference in North America influenced healthcare for African Americans. The failure of the larger society to see African Americans as humans has led to their mistreatment and being abused by the medical community and this negatively impacts the views many African Americans in the South have of the medical community. The Tuskegee Experiment and the story of Henrietta Lacks will be discussed to show how doctors during the Jim Crow era took advantage of African Americans and treated them like property for their medical experiments.

While this group was not being forced to do physical labor, their minds and bodies were being manipulated without their consent to perform experiments. They were denied treatment, denied important health information and had their cells and bodies mangled for scientific research. There was no informed consent or meaningful compensation for their contributions and it directly ties back to persons of African descent not being viewed as human beings.

The chapter will conclude with a discussion on slavery and the medical exploits of these opportunistic doctors and how it impacted and influenced my project. Giving people the information they need to make informed decisions is critical to demonstrating that you recognize someone's humanity. There is stigma associated with mental illness and providing information is critical to reducing that stigma. You often hear about Caucasians tracing their lineage and how it gives them meaning and can at times help explain disease or medical complications in a family. My goal is to examine slavery and

its impact on African Americans and to identify and highlight possible reasons for behaviors. A clearer understanding of our history from a psychological perspective can inform our acceptance and willingness to tackle present day psychological struggles. This is similar to going to your primary care physician and the doctor inquiring about your family history. We are going back in our history to shed some light on our present and guide our future.

The European age of exploration in the fifteen century was the stimulus for the greatest dispersion of Africans in history. In 1444, a company was established to take part in the slave trade. The trading of slaves started to grow and spread through Portugal, The Netherlands and England. The spread of slavery also reached France despite its laws banning slavery. The Slave trade grew as countries invaded each other or found new trade gateways during their explorations. South America and North America also began to see its share of the slave trade with Mobile, Alabama, Richmond, Virginia and Charleston, South Carolina becoming major ports in North America.

A number of feelings are evoked when your city of birth is directly linked in history books to one of the biggest atrocities known to man. It is one thing to say that your country participated in this, but to have your city named is hurtful, but the bitterness and anger are only intensified when you also remember that the last documented slave ship to land in the United States, the Clotida landed less than five minutes away from your childhood home.

The estimates of Africans who were transported and enslaved in the American hemisphere are estimated to be between 12 and 25 million. This number doesn't reflect those that lost their lives in the voyage.[1]

Despite laws in countries banning slavery and the Christian morals of the founding fathers in America, enslaved Africans were seen as nothing more than commodities and free blacks were inferior. Unfortunately, the founding of our nation was built on this biased view of persons of African descent. This skewed view was cemented in the minds of the early Americans by the constitution that defined blacks as three fifths of a white person and enforced the idea that blacks were merely property and did not have the rights of life, liberty and the pursuit of happiness afforded whites in the Declaration of Independence. [2]

History has traditionally depicted slaves as happy serving their masters, but this history of slavery failed to view the institution of slavery from the eyes of the enslaved. Richard Hofstaders insisted that "any history of slavery must be written in large measure from the standpoint of the slave".[3] Our textbooks and movies show blacks as being happy go lucky persons of low mental ability that were eager to serve their masters, but you rarely see the brutality and terror that slaves endured daily depicted. You see monuments and historical markers identifying slave trading depots, but you do not feel or see the families being split or slaves being forced to reproduce children, just to have them

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[1] Joseph E. Harris et al., *The African Diaspora* (College Station: TX: A&M University Press, 1996), 11.

[2] Ibid., 14.

[3] Ibid.

taken away. You do not see the scores of slaves sexual abused at the hands of their masters.

"By the mid-nineteenth century a virulent racist ideology had emerged in some societies of the Americas to give legitimacy to the mistreatment of the people of African descent, but the assertion of white supremacy was only new in the sense that its claims rested in increasingly in pseudoscientific data." [4] Slaves were reported to have small brains with very little intellect and their dark skin and thick lips were indications of being associated with the devil. The Portuguese slave traders saw blacks as inferior to whites in looks, metal ability and this made it easy to see them as property that was only good to serve their needs.

The Trans-Atlantic slave trade covered four hundred years from the mid-fifteen century to the late nineteenth century. The trade impacted the people of the country and the country it itself.[5] The growing demand for cheap labor in the new world meant that kingdoms in West Africa would collapse as the civil wars and disruption broke out. Large African kingdoms were being decimated, but where replaced by smaller cites established to support the export of slaves. These small cites were depots to keep their resources moving along the trading routes.

Continuous wars and the export of slaves left areas along the West African cost with a shortage of men and large numbers of women in slavery as the prisoners of the civil wars. The continent that was first visited by explorers for gold and minerals was transformed by the focus on a new commodity. Chattel slavery was the product and

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[4] Harris, *The African Diaspora*, 75.

[5] Patrick Manning and Anthony Tibbles, ed., *Transatlantic Slavery Against Human Dignity*, (London: Merrell Holberton, 1994), 97.

Western Africans became the raw materials that fueled this industry. Initially, the raw materials were the gold and minerals, but as chattel slavery became increasingly profitable the Africans became the materials that were bought and sold on the open market. The minerals were the initial property they looked to possess and then sale. Now, the people of this land were the property they possessed and then sold. Little if any regard was given to their humanity.

In early medieval times, economic activities across the Sahara saw as many as 10,000 slaves, mostly females, sent to serve masters in Northern and Middle Africa. "After two or three centuries of the Atlantic Slave trade, conditions in Africa had changed immensely. The five thousand salves purchased by the Europeans each year in the sixteen century had risen to nearly 100,000 per year at the end of the eightieth century. By the end of the nineteenth century perhaps five or six million persons were held in slavery on the African continent, many more than could have been enslaved before the Atlantic slave trade began."[6] The increase in slaves being captured decimated the region. The Bight of Benin declined for decades as a result of the slave trade and wars fueled by the slave trade. The Western African Coast was left with a shortage of males. Women were left to take on new roles and keep the economy growing. The remaining men began to take multiple wives as their numbers dwindled.

Slave trading might have been a random occurrence in the beginning, but the effort was quickly organized and the commercial success of this enterprise began to grow. The Crown of Spain and Portugal gave exclusive rights to selected merchants to slave in coastal areas and the merchants in turn sub-contracted transportation and security. The

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[6] Manning and Tibbles, *Transatlantic Slavery against Human Dignity*, 98.

sub-contractors were the inhabitants of the small cities that cropped up along the trade routes as these large cites and kingdoms began to erode.

The debate wages on regarding the effects of slavery on the continent of Africa. Did it create economic prosperity or hurt the African Economy? Did the population decrease hurt the nation? The one point that cannot be ignored in this debate is that slavery caused dissonance within the continent, in its inhabitants and in its descendants. The disturbance of Africa's natural resources didn't allow the continent to evolve in an organic fashion and the disruption interrupted the family structure and drained resources. Consistently taking people and minerals out of an area depletes it and leaves the remaining people and the displaced persons with no connection and little natural resources of their own.

The version of slavery that emerged in America was different from slavery in other areas of the world. Slaves were seen as people of low estate that were supposed to stay in their place, but they still have basic human rights and were protected from abuse by their masters.[7] The slaves were able to buy their freedom and their status was economic and was either the result of war, but as the Portuguese began their explorations on the African coast the tenor of slavery began to change.

Racial slavery reached its pinnacle in North America. The first Africans were purchased in Jamestown in 1619. Africans had been brought and sold for over a century prior to this. The racial slavery created by the English was not novel, but the difference

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[7] David K. O'Rourke, *How America's First Settlers Invented Chattel Slavery: Dehumanizing Native Americans and Africans with Language, Laws, Guns, and Religion* (New York, NY: Peter Lang International Academic Publishers, 2004), 48.

was that this racially divided view of persons of African descent became embedded in the societal core of this fledgling country. [8]

European slaves looked like their masters, but as slave practices began to utilize person of African descent that didn't look like them the transformation into seeing them as property began to take place. It is hard to abuse people that look like you, but when you do not see similarities and are even afraid of what you see it becomes easier to abuse something that you do not see as human. Evidence of this was captured in a chronicler's account of how skin tone influenced their thinking. "Some of the captives "were reasonably white, handsome, and genteel; other, not so white, who were like mulattoes; other black as Ethiopians, so deformed both in their faces and bodies, they [they] seemed…images of the lowest hemisphere."[9] Xenophobia was at the root of their ability to subject slaves to inhuman conditions because they didn't see them as worthy of being treated as humans. Their difference in appearance gave them the right to treat this group like animals or property.

This new version of slavery changed the dynamic of every society this new commercial enterprise touched. The traditionally agrarian society that utilized slaves in Africa became a nation of predators as the demand for slaves in the new world grew. The profits in trading fellow Africans became the focus of their economic ventures.[10] It was a better use of your time to go and try to capture other Africans. Why be concerned about keeping and paying to maintain slaves to produce crops? The economics made it clearly

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[8] Harris, *The African Diaspora*, 83.

[9] O'Rourke, *How America's First Settlers Invented Chattel Slavery*, 51.

[10] Ibid., 49.

a better choice to capture another person and sale them. Your overhead was reduced because you didn't have to feed and house the slave and your payout for the captured slave was better. This was an economic no brainer. The profits margins were greater, overhead was low and the cash flowed as quickly as you could deliver the property. There was no longer a need to wait for a crop to grow. This commodity was readily available to sale.

The entire idea of race and superiority was just the fuel merchants needed to justify their new trading exploits. James King said this about race "Race is a concept of society that insists that there is a genetic significance behind human variations in skin colors that transcends outward appearance. However, race has no scientific merit outside of sociological classifications. There are no significant genetic variations within the human species to justify the division of "races."[11] The founders of our country built this republic on a nationalism that upheld liberty and justice. You hear countless stories of immigrants coming to this country and finding themselves in the middle of the American Dream, but Africans encountered a very difference experience in America that resembled a nightmare more than a dream. This nation was built on the acceptance of slavery to help ensure the economic viability of the nation. This cheap labor was critical in providing the economic footing the young country needed to survive. Although, persons of African descent built and laid the foundation for the economic success that established the nation, they continue to struggle to out run the dehumanization and cultural depictions used to justify their inhumane treatment. This inhuman treatment of the slaves is the

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[11] Joy Angela Degruy, *Post Traumatic Slave Syndrome* (Portland, OR: Joy Degruy Publications, Inc., 2005), 22.

cornerstone on which this nation's justice and prosperity are built. How appropriate that Lady Justice is blind. The God fearing founding fathers definitely turned a blind eye to the treatment of the salves they utilized to build this nation.

As we look at how chattel slavery evolved in the United States and the inhumanity inflicted on the slaves, it is critical to examine how these same attitudes utilized to justify slavery affected health care for slaves and for African Americans after they were freed. An early example of how medical diagnosis worked in concert with the political and legal climate to keep slaves subservient and appearing as deranged was to label salves has having a condition called drapetomania or run away mania to describe the mental condition of slaves trying to escape to freedom.[12] It is ironic that salves would be labeled as crazy and dangerous for trying to escape the oppressive of cruel system of slavery.

In the 1800s, a group of doctors were producing professional papers to justify keeping slaves in bondage. The papers argued that blacks were well suited for slavery. The expert opinion was that blacks were inferior to whites in every measure. The papers lead to the push to keep slavery intact, but also lead to utilizing blacks in questionable medical experiments.[13] The continued dehumanization of African Americans led to mistreatment as they sought medical treatment and the Tuskegee Experiment and the story of Henrietta Lacks embody the thinking that weighs on them minds of African Americans as they consider seeking treatment from medical doctors.

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[12] Alvin F. Poussaint and Amy Alexander, *Lay My Burden Down: Suicide and the Mental Health Crisis Among African-Americans* (Boston, MA: Beacon Press, 2001), 67.

[13] Poussaint and Alexander, *Lay My Burden Down*, 66.

The Tuskegee Experiment was an experiment conducted to study the long terms effects of syphilis. There are debates on how the experiment was conducted and what the true endpoints of the study were. It is quite clear that participants that contracted syphilis during the study were not treated for their disease. The control group that acquired the disease during the study was not treated. The initial group might have contained latent stage patients, but as the study was allowed to proceed, the control groups were never treated nor were treatment groups given medication. I am not mentioning this study to debate the scientific merits of this flawed experiment or to draw our attention to the economic factors and the mindset of the doctors that worked in unison to give doctors a clear conscience while conducting this effort.

Many doctors blamed the lack of intelligence and inability to control carnal passions as the reason that so many Negroes were infected with syphilis. "Virtue in the Negro race is like 'angels' visits– few and far between," said Dr. Daniel D. Quillian of Athens, Georgia.[14] There are numerous statements that echo these sentiments that the Negro was unable to control bodily desires. Their lust coupled with ignorance created this health care issue. However, we might ask if the people fully understood their illness and how it was contracted? Professor Johnson analyzed how the diagnosis was communicated with participants in *Shadow of the Plantation.* "In the entire 612 families interviewed, there was not a single expression which seemed to connect syphilis with the sexual act, wrote Johnson. "The fact of 'bad blood' carried little social stigma and was spoken of in about the same manner as one speaks of having a 'bad heart' or 'bad

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[14] James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, New ed. (New York, NY: Free Press, 1993), 25.

teeth'."[15] The doctors had very little regard for the people of this community and the unwillingness to explain the diagnosis is how bias and racism present themselves in medical care.

If the members of this community had been informed about their medical conditions would the result have been different? Jones asked "How was syphilis to be controlled among a people who were not informed that they suffered from a specific, definable disease; who were not informed that the disease was contagious; who were not told that the disease was transmitted through sexual intercourse; and who were not informed that in congenital syphilis the germ passes from the mother through the placenta to the fetus?"[16] If examining the morality of the study, knowing that treatment groups were purposely not given therapeutic doses of medication to examine the effects of syphilis is alarming. Withholding disease state information along with the effects of the disease on the patients and their unborn children is reprehensible. Sterility and insanity were very real possibilities as this disease progressed, but not to inform a patient that bad blood could infect their children during childbirth is unconscionable.

This situation was further exacerbated by not letting patients know how the disease was contracted. Having a tooth ache or having high blood pressure was a fact of life for these patients who had limited access to medical care. They expected different ailments because of their conditions, but you have to give patients the opportunity to control their own health care. They might not have been able to prevent a bad heart, but many might have chosen to utilize prophylactics if they were informed about their

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[15]Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, 72.

[16] Ibid., 74.

disease. Many doctors and society believed the view taken by Dr. Murrell that "A Negro man will not abstain from sexual intercourse if there is the opportunity and no mechanical obstruction."[17] This is the type of language and thought process that is perpetuated when the physicians and society do not see their patients as human beings worthy of having information about their medical conditions. Armed with the knowledge of the disease state and how the disease was contracted and spread might have made a difference in the lives of the citizens of Macon County, Alabama. Unfortunately, these physicians were not sharing the critical information needed. Where they even truly interested in controlling syphilis?

Not informing patients of their disease state or a total debrief of their treatment plan was also prevalent in a story that has surfaced recently. The story of Henrietta Lacks and her interaction with doctors at John Hopkins followed this same path. While being treated for cancer at John Hopkins, Henrietta Lacks' cells were taken in hopes they would divide and live outside of her body; they did. She was not told that her cells were taken, nor was she told that her cells had grown and were being used throughout the world to study medicine. Dr. George Gey, head of tissue culture research at John Hopkins, collected the cells and sent them to researchers over the world and neither she nor her family knew until years later. A virologist, Chester Southam, was a researcher that received her cells. They were called HeLa cells. He was attempting to develop a vaccine for cancer and decided to inject human subjects without their permission. "He told them he was testing their immune systems; he said nothing about injecting them with

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[17]Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, 24.

someone else's malignant cells."[18] Southam would let the cancerous cells grow in some patients, while removing others to study. All of this was done without the patient's consent. He was withholding information for fear that he could not get subjects if they knew the truth. Would the patients in Tuskegee have behaved any differently if they knew more about their treatment? Would the patients have utilized this doctor in Baltimore if they knew he was conducting cancer studies?

Southham was not a medical doctor, but doctors in this era were not above violating the Hippocratic Oath. Dr. Richard Wesley TeLinde, a cervical cancer expert, who treated Henrietta Lacks when she first presented to Hopkins with abdominal pain, was also willing to utilize his patients as guneiea pigs. "Like many doctors of his era, TeLinde often used patients from the public wards for research, usually without their knowledge. Many scientists believed that since patients were treated for free in public wards, it was fair to use them as research subjects as a form of payment. And Howard Jones once wrote, "Hopkins, with its large indigent black population, had no dearth of clinical material." [19]

Patients were not made aware of their rights and often consent was not given, but the mistreatment of blacks by the doctors was also an issue. Medical observers hired by the Rosenwald Fund told a very different story from the one Ms. Rivers told in her article. Dr. Harris, a Negro physician, had a number of observations that would differ greatly from her account. The first was an account of how the clinic dispersed pills. "They was just throwing 'em out in the crowd, not telling 'em how to take 'em and nothing and

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[18] Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York, NY: Broadway Books, 2011), 128.

[19] Ibid., 29.

somebody asked how to take 'em and he yelled out, "Three times a day with a little water,' and that's all he said."[20] Another patient described the government doctor as laying his arm out like he was guttin' a hog when describing the doctor's techniques. Skloot says

"Many doctors tested drugs on slaves and operated on them to develop new surgical techniques, often without using anesthesia…Black corpses were routinely exhumed from graves for research, and an underground shipping industry kept schools in the north supplied with black bodies from the South for anatomy courses."[21] Henrietta's relatives told stories of how Blacks seemed to disappear on the streets of Baltimore. "Because of this history, black residents near Hopkins have long believed the hospital was built in a poor black neighborhood for the benefit of scientist- to give them easy access to potential research subjects. In fact, it was built for the benefit of Baltimore's poor."[22]

John Hopkins might have been built for the poor, but a review of its history leads one to ask was it built to experiment on the poor? As recently as 1969, Hopkins has had issues with the ethical treatment of patients. "In 1969, a Hopkins researcher used blood samples from more than 7,000 neighborhood children-most of them from poor black families-to look for genetic predisposition to criminal behavior."[23] The early history of John Hopkins Hospital is not without its issues.

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[20]Skloot, 80.

[21]Ibid., 166.

[22]Ibid.,168.

[23]Skloot, *The Immortal Life of Henrietta Lacks*, 167.

A common thread in all of this medical advancement is that poor people and others on the fringes of society were taken advantage of to realize these gains. Prisoners, Negros, Jews and poor people were all victims of the medical society in their search for medical breakthroughs. There is no question about it, the actions taken in Tuskegee and Baltimore were based on economics. It is readily apparent and Roy notes this. "This device protected two unexplained issues. First, there was no clinical protocol because the purpose of the study was not clinical; however, there were strict protocols for the serological studies. Second, although never mentioned by historians or the ad hoc panel, the original contract between the PHS and the Alabama Department of Health to initiate the Tuskegee Experiment contained a patent agreement that made any invention sole property of the United States."[24] Roy is indicating that the idea of studying syphilis in the Tuskegee experiments was a big fabrication. The real intent was to study plasma serums and become the world leader in diagnostic identification of antibodies. This may seem as a bit of a tangent, but the key factor is that this study was trying to gain an economic advantage over the Germans and their serological methods and poor blacks were being utilized without their consent. I do not have a problem with the patent. That is good business and a component of a solid contract, but I do object to the community and Tuskegee University not sharing in any revenue from gains in medicine because of this study.

The real issue is the abuse of the very people that Christians and people in power are supposed to protect. Where was the protection for Henrietta when she went to get her

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[24] Benjamin Roy, "The Tuskegee Syphilis Experiment: Biotechnology and the Administrative State," *Journal of the National Medical Association* 87, no. 1 (1995): 67.

stomach examined and was told she had cancer? It was not shared with her that the treatment would make her sterile. Where was the protection from the virologist injecting cancerous cells in patients without their consent? Where was the protection when an entire community was allowed to spread a disease without being properly educated about the disease? Where was the protection when the treatment was withheld even after a known cure was identified?

What I do know is that African American's views of the medical community were affected by these events. "Because African Americans were the "subjects" in TSUS, there is more likelihood of identification between contemporary African Americans and the TSUS subjects than there is for other ethnic groups. When contemporary experiences with discrimination in medicine are taken into consideration, the indication that TSUS is a touchstone for African Americans and not for others should be expected." [25] African Americans are weary of the medical community and stories like those told by Henrietta Lacks' family only heighten the anxiety. Bates states that "Out of the 24 focus groups, only those groups with African-American participants mentioned TSUS. No group composed solely of European Americans, Hispanics, or multiracial persons referenced TSUS."[26] I had to get a flu shot for my job and I needed it done fairly quickly. This was before the doctor in a box concept. I found myself dreading going to the county health department. Thoughts of the Tuskegee Experiment were in my head and my only thought was that I was being given something by this government doctor.

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[25] Benjamin R. Bates and Tina M. Harris, "The Tuskegee Study of Untreated Syphilis and Public Perceptions of Biomedical Research: A Focus Group Study," *Journal of the National Medical Association* 96, no. 8 (2004): 1056.

[26] Ibid., 1055.

Bates' research did show that African Americans are cognizant of the Tuskegee Experiment and it does occupy their thoughts, but they are able to move past it. Bates states "Some African-American participants indicated that concerns about TSUS needed to be balanced against the need for sufficient African-American representation in biomedical research."[27] This is promising because this speaks to African Americans' ability to participate in studies and work with medical providers to get health care that will address the specific concerns of our community.

Conclusion

The church needs to ensure the mentally ill are receiving the services they need. The church must also ensure these services are provided in a humane and just manner. Does the stigma associated with mental illness make it difficult for African Americans to seek help? Does a mistrust of the medical community also add to the reluctance to seek help? The church has an amazing opportunity to lead the charge to ensure that members of our congregations and communities are getting the help they need. Whether they suffer from anxiety and depression or an illness as severe as schizophrenia, persons suffering with mental illness deserve to be treated with respect and dignity. The citizens of Tuskegee just wanted to be treated for their bad blood and Henrietta Lacks just wanted to see what was wrong with her stomach. The mental ill want the freedom to seek treatment without judgment. Most of all, they want to be treated with respect. Cone says "The Kingdom demands the surrender of one's whole life. How is it possible to be rich,

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[27] Benjamin R. Bates and Tina M. Harris, "The Tuskegee Study of Untreated Syphilis and Public Perceptions of Biomedical Research: A Focus Group Study," *Journal of the National Medical Association* 96, no. 8 (2004): 1057

seeing others in a state of economic deprivation, and at the same time insist that one has complete trust in God? Again, how can it be said that Jesus was not primarily a social reformer but "concerned with men's motives and hearts," when the kingdom itself strikes across all boundaries - social economic and political."[28] African Americans are reluctant to seek health care; especially seeking help with mental illness, but the church has an obligation to assist them in getting help. Bates offers a method to close the communication gap with African Americans and health care provider. "Given the larger disconnect between research and medicine for African-Americans than for European Americans, these explanations may need to be directed towards African-American patients in the medical office and the so-called "black media."[29] The African American church is the black media and our entire community will not truly be liberated until we ensure that everyone in the community is justly represented in every phase of their lives.

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[28] James H. Cone, *A Black Theology of Liberation* (Maryknoll, NY: Orbis Books, 1990), 123

[29]Bates and Arris, "The Tuskegee Study of Untreated Syphilis and Public Perceptions of Biomedical Research: A Focus Group Study,": 1062

CHAPTER FOUR

THEOLOGICAL FOUNDATIONS

This chapter will examine the Doctrine of Salvation and how creation is charged with earning our salvation by being a reflection of Jesus Christ. Humans demonstrate their appreciation for salvation and justification by imitating God's love and compassion. The mentally ill are a demographic that is often overlooked. This chapter will examine Black Liberation Theology and Soteriology and how they call the community of believers to serve the mentally ill in our churches and in our communities.

C.S. Song in an article discussing Liberation Theology in Asia discussed doing theology with the third eye.[1] This concept was born in Buddhism, but is the heart of Liberation Theology. James Cone utilized this third eye to examine the Black community. The central point of Black Theology of Liberation is seeing the world for the perspective of the oppressed persons. Liberation Theology begs the question, what is happening in the context of the people that influences or defines their relationship with God? Paul Tillich stated that theology had to be conducted from the view point of a person's environment. "Tillich believes that a theological doctrine must answer a question implied in the "situation," which defines as "the totality of man's creative self-

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[1] C. S. Song, *Third Eye Theology* (Guildford, UK: Lutterworth Press, 1980), 295.

interpretation in a special period."[2] Cone utilized this view of theology to further his examination of the black experience and how their lives intersected with their theology. Black Liberation Theology scanned the environment and sought to offer the black community freedom to experience God through their experiences. The mentally ill are in need of an extension of this Liberation Theology to address their situation. Mental illness is impacting society in some subtle ways, but also in some very intense acts of violence that have stunned our nation. The time has come for us to examine the people in this part of our community and give them liberation and freedom that occurs when you minister to persons in their situation.

Song's approach adds another dimension to the theological discussion. Utilizing this third eye thrust the theologian into the shoes of the people they are sharing the gospel with. This allows the theologian to do theology with their five senses. Sight, sound, smell, vision and touch allow us to truly take in the environment and meet the audience where they are located. Jesus was the greatest example of this proximity theology. How can you preach and minister to my condition if you do not understand, feel or relate to my condition? When persons hear ministers and church leaders speak about tragedies like Sandy Hook and refer to the killer as being possessed by demons, it takes a portion of their freedom away. Why would I share my episodes with bi-polar disorder or schizophrenia with people that are calling people with diagnosed mental illness demon possessed? This ignorance is pushing members of our congregation and community further away from the church and can inhibit their willingness to seek professional help.

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[2] Owen C. Thomas and Ellen K. Wondra, *Introduction to Theology*, 3rd ed. (Harrisburg, PA: Morehouse Publishing), 184.

We cannot experience the freedom and liberating force of salvation while limiting the freedom and dignity of members of our congregations.

Empathizing with the community is critical to ministering to people that have been pushed to the edges of society. The mentally ill are the twenty first century widows and orphans found in the Bible. Cone states, "The prophets of Israel are prophets of social justice, reminding the people that Yahweh is the author of Justice. It is important to note in this connection that the righteous of God is not an abstract quality in the being of God, as with the Greek philosophy. It is rather God's active involvement in history, making right what human beings have made wrong."[3] In order for the church to find the salvation that God has made available to us, it must minister to the marginalized people in their community. The church has to stop ignoring these members of our congregations and communities and work to provide resources for people suffering from the variety of mental issues that keep them from fully engaging in community.

Mental illness is a disease that affects everyone. Mental illness is prevalent in society and it affects each group in different ways. In an earlier chapter, we discussed The Tuskegee Experiment and other acts of neglect towards African Americans in the health care community. These past transgressions may adversely impact Africans American's willingness to seek health care. The stigma of having mental issues further complicates the effort for African Americans to seek treatment for mental illness. In 2011, the percentage of persons aged eighteen and older with past year Any Mental Illness (AMI) was eighteen percent among blacks. Adult women in 2011 were more likely than adult men to have AMI in the past year (23.0 vs. 15.9 percent). Persons below

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[3] James H. Cone, *A Black Theology of Liberation*, 40th ed. (Maryknoll, NY: Orbis Books, 2010), 2

the federal poverty line also have higher rates of mental health instances.[4] The rates for persons with Serious Mental Illness (SMI) and Major Depressive Episodes (MDE) also follow the same statistical trends. The age group between 18 and 26 are first in terms of the high percentage with the age group between 26 and 49 coming in second. Females have higher percentages versus males and persons lower on the socioeconomic scale have higher rates of occurrence. These numbers call for communities to go further into their application of liberation theology to the mentally ill. This is a clarion call to the African American church to further explore Black Liberation Theology and examine the condition of African Americans suffering from mental health issues. To effectively do Black Theology, you have to go deeper to examine the subsets of African American society. We cannot just liberate the portions of society that we are comfortable being around.

Mental Illness and the effect of socioeconomic positioning on rates of occurrence introduces another subset in our population that would benefit from this proximity theology. Many people lower on the economic ladder join the military to make a better life for their families are returning from war with high rates of Post-Traumatic Stress Disease (PTSD). Veterans are returning from a traumatic environment and are trying to assimilate back into communities that do not understand their struggles. These veterans are often returning to congregations that are microcosms of larger communities that do not know how to relate to them and are often not trained to help them identify resources or provide direct care.

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[4] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

The churches response to the Black Theology of Liberation combined with a framework of the Doctrine of Salvation can be further leveraged to highlight the need to serve the mentally ill in the African American community. While the focus of this chapter is on my present context, the need to serve the mentally ill in every community is critical. Incidents such as Sandy Hook and the Naval Yard shootings are clear indications that this problem needs to be addressed in every community.

There have been numerous examinations of the Black Theology of Liberation and what brought about the need for this Liberation Theology. Cone summarizes the need when he says, "If we agree the gospel is the proclamation of God's liberating activity, that the Christian community is an oppressed community that participates in that activity, and that theology is the discipline arising from within the Christian community as it seeks to develop adequate language for its relationship to God's liberation, then black theology is Christian theology. [5]

We truly get to know Christ by examining his work. As Christians, we have to ensure that people know us through our works. This allows the community, the unchurched and the mentally ill to see our congregations as an extension of Christ. The mentally ill get to know us and God through the church's demonstration of love. To know Christ is to know salvation. To imitate Christ is to imitate His works of love and offer salvation to others through our work. It is not enough to identify with a group. It is great to examine their differences, but attempting to foster their relationship with God requires a different level of activity.

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[5]Cone, *A Black Theology of Liberation*, 130.

The activity has to go beyond the convenient love that is easy to show to people we are accustom to working with and around. Jesus demonstrated His saving actions in locations and with people that made society uneasy. We see the mentally ill walking our streets and we find it easy to ignore them. Unfortunately, it is a stretch for us to reach out to that portion of our community; and we forget that members in congregations suffering from anxiety, depression, PTSD and bi-polar disorder are real. What is our excuse for not reaching out to those within our sanctuary? The stigma of mental illness is keeping our communities oppressed. Congregations and the community can demystify mental illness and bring liberation to those affected by mental illness. We can start by helping remove the stigma of seeking help with mental health issues. We have heart and lung walks with months dedicated to cancers of various kinds; but rarely does anyone shine a light on mental health.

Examining the Doctrine of Soteriology was troublesome initially; however there appears to be a direct correlation between treating health care issues and salvation. Our walk with God is not a linear experience. Salvation and especially the area of justification make this apparent. We are working on our vertical relationship with God, when the effective way to ensure our vertical relationship is healthy is to ensure that we continually work on our horizontal relationship with our community and congregations. Serving God is not a liner experience. Ministering to a community is not a linear experience and attending to the special needs of members within a community definitely is not liner. Healthcare professionals treating persons with mental illness must take a holistic approach and apply that same approach to working within the community to

reduce the stigma of mental illness. This same holistic approach is critical to Christians fully embracing the frame work of justification.

Tillich elaborates on the meaning of sanctification in terms of increasing awareness, freedom, relatedness, and self-transcendence. "Sanctification involves concrete change in human life and not simply in "imputed" righteousness or holiness. This means actual forgiveness and reconciliation among people, actual service of neighbor, actual manifestation of the fruits of the sprit: love, joy and peace (Gal. 5:22)"[6]. The change has to happen in our lives, but we also have to demonstrate our change through our horizontal relationships. This allows us to bring change and salvation to the communities we are trying to serve. It brings relationship, freedom and liberation to the persons on the fringes. The people we minister to and their families see salvation at work through our witness to them. Our actions allow them to see the love and salvation God intends for everyone.

Ephesians 6:10-18 provides an interesting way to explore the Doctrine of Salvation. There are many different components to the whole armor of God. God gives the community the formula for gaining the ability to stand against the devil seeking to divide the Kingdom of God. We need a complete armamentarium to stand against the devil and we need this same holistic approach to fully realizing salvation through justification. Jason Vickers states that a full examination of the Doctrine of Salvation would address justification, sanctification, Grace and Freedom, predestination and the

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[6] Thomas and Wondra, *Introduction to Theology*, 224.

order of salvation.[7] This framework is a rubric for the Black Theology of Liberation and describes the orthopraxis needed to minster to these forgot communities.

Justification involves Christians reaching out to estranged members of society to repair our vertical and horizontal relationships. We can't have a healthy relationship with God if we are neglecting the people we see every day. God has forgiven us and has accepted us without judgment. We often state that people suffering from depression and anxiety issues just need to toughen up or relax. We fail to realize that we have to approach them without judgment because God does that for us.

Sanctification entails that the community we are ministering to hold us in higher esteem and we have to live up to this designation. Liberation theology means that we must go and minster to people in places where others will not go. We must follow the Holy Spirit within us and allow the spirit to lead us to serve those that others pass over. Your actions and how you treat people is what truly sets you apart in the eyes of God.

We acknowledge the divinity of Jesus within others when we reach out to serve them. This gives us all value as children of God. The Jesus in me has to minister to Jesus in others regardless of their political, socioeconomic or mental status. Liberation Theology requires that we treat everyone with value recognizing they are created in the image of God and deserve love also.

The true power of salvation comes when we empower others. Cone states that "Salvation, then, primarily has to do with earthly reality and the injustice inflicted on those who are helpless and poor. To see the salvation of God is to see these people rise up

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[7] Vickers, Jason, Introduction to Theology (lecture, United Theological Seminary, Dayton, OH, August 18, 2013).

against its oppressors."[8] Giving the weak a voice to speak against injustice is what strengthens the entire community. Africans Americans have made great strides, but we cannot suppress the voice of people within our communities and hope to truly speak power to truth. Martin Luther King, Jr. once said that "Injustice anywhere is a threat to justice everywhere." Injustice within our own communities will keep our voice weak and unable to leverage its true power. Christians can only gain a true triumphant voice when all are free to live out their divine calling.

We cannot reconcile ourselves to God without repairing the broke relationships we have with our brothers and sisters here on earth. "Am I my brother's keeper?" must go beyond a rhetorical question. Jesus went out into the rough areas to minister; freedom riders went into the Jim Crow south to fight against segregation. Sadly, many of us will not go to the homeless shelter or nursing homes to visit. Asking us to minster to the mentally ill is a stretch because we are uncomfortable.

To acknowledge their humanity frees us to love and it regenerates us. Regeneration and liberation comes through the Holy Spirit to expand our family. This community or adoption of our brothers and sisters was a critical component of Jesus' time here on earth. He truly acknowledged everyone and saw the inhabitants of this world as one community that should be treated with love and respect.

The Doctrine of Salvation, Black theology of Liberation and the treatment of persons suffering from mental illness are similar because they all increase in their effectiveness when the entire framework or the entirety of the person is addressed.

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[8]Cone, *A Black Theology of Liberation*,123

Healthcare involves treating the entire person. This involves considering and working with family members and taking environmental factors into consideration. Similarly, The Black Theology of Liberation seeks to address the plethora of factors affecting a community and the Doctrine of Salvation provides a framework to build an orthopraxis upon that does not supersede the orthodoxy, but empowers its transformative power.

It is imperative that the church is present in the fight for getting mentally ill patients the treatment they deserve. Jesus is present in the lives of the mentally ill. Cone stresses that there can be no theology that is separated from Jesus Christ and Jesus is in the midst of the disenfranchised. Our communities are filled with mentally ill persons who need resources. Funding at state institutions is decreasing and many institutions are closing. States have begun to outsource mental health services and the overhead associated with outsourcing is shrinking money that would have gone to services. The church has an obligation to serve this community and stand up for them.

Cone states, "Entering into the kingdom of God means that Jesus himself becomes the ultimate loyalty of humankind, for he is the kingdom. This view of the world has far reaching implications for economic, political and social institutions." [9] This means we must stop with only revealing the obvious differences in race. We must go further than highlighting how their interactions with the Bible have differing points of reference. It also calls the liberated community to ensure that it is not suppressing portions of their own community. Liberation has to apply to everyone in the community. Liberation has to apply to everyone on this earth. The mentally ill and every other subset within the liberated communities also need to be ministered to in a meaningful way. The

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[9]Ibid., 3

mentally ill have to be given the attention Jesus paid to the fringe dwellers. The theology of proximity we discussed earlier means that while liberating a community, you can't pick and choose who to liberate. We are obligated to serve everyone within the community. The Doctrine of Salvation cannot be confined to a couple of areas much like Jesus' significance cannot be encapsulated in a few words or actions. In his commentary on Paul's letter to the Romans, Karl Barth equated this with trying to stop a bird in midflight

CHAPTER FIVE

THEORETICAL FOUNDATIONS

The mental health of African Americans traditionally has been a tough subject to broach. A mental health conversation with any audience is hard to initiate. This chapter will examine mental health and approaches to reduce the stigma associated with seeking services. The phenomena Post Traumatic Slave Syndrome (PTSS) and the research associated with it will be discussed to determine if informing African Americans about the traumatic effects of chattel slavery and its potential impact on their present psychological health would reduce the stigma associated with seeking services. Will knowing this information help reduce the stigma associated with mental health? We often discuss how important it is to know our history, but what is the impact of knowing your psychological history?

The chapter will also examine the work that Dr. Joy DeGruy and Dr. Alvin Poussaint have done examining the mental health of Africa Americans with an emphasis in PTSS. Examining the trauma associated with chattel salary in North America and how it has proliferated through generations to impact our present views on life. This chapter will look at the definitions of trauma and PTSS and observe how Dr. DeGruy and Dr. Poussaint defined the phenomena.

The paper will review church-based programs and their approaches to changing behaviors. One program is a healthy living program. The program will be studied to

determine if components of the program and the approach can be utilized to help change behaviors and attitudes regarding mental illness in African American communities. Church-based programs that address depression and other mental illness will also be examined to determine if the approaches were effective and if not, how they can be improved.

The National Alliance of Mental Illness (NAMI) and the programs they have developed to try and assist faith-based organizations in addressing mental illness in their congregations will also be studied. The goals of the programs are well-intended, however, it appears they came up short on cultural competency which is at the root of any behavior changing program. The research, although limited, on the church getting involved with mental health counseling outlines some key components necessary to increase the chances for success. The commitment and participation of the lead pastor is critical as well as the customization of the program to the church or organization looking to utilize the program. This customization of the programs is referred to in mental health as cultural competency and it is receiving a great deal of attention in mental health. Truly understanding the audience is important, however, interventions and programs that do not develop the cultural competency component adversely impacts the viability of the program.

Dr. Joy DeGruy used the term Post Traumatic Slave Syndrome to describe trans-generational adaptations associated with the past traumas of slavery and on-going oppression. The chattel slavery experience in America was a continuous violent attack on the mind, body and psyche of the slave. Their families were divided, they were beaten, worked inhuman hours and were subjected to the emotional behavior of the master and

other persons of authority. The attacks of these authority figures were often cruel and vicious and if rape and torture were what they desired to do; the slave had to endure it.

Dr. DeGruy defines trauma as an injury caused by an outside usually violent, force, event or experience. The injury can be experienced physically, emotionally, psychologically and spiritually. Repeated exposure to trauma can distort attitudes and beliefs. The distortions often lead to dysfunctional behaviors, which can produce unwanted consequences. The dysfunctional behaviors and unwanted consequences grow when the injury is repeated, severe and caused by humans.[1]

Slaves were viewed as property. To their masters, they were simply commodities. When people are viewed as numbers on a balance sheet and not as human beings, things change. The slave masters and traders had to view their captives as less than human in order to justify their treatment. DeGruy states "And when crimes become heinous enough, as in wars of aggression, genocide and enslavement, the perpetrators have little choice but to dehumanize their victims."[2] She uses a business decision made by Ford Motor Company to illustrate how viewing people as assets and liabilities dehumanize them and diminishes their humanity. In 1977, Mark Dowie, writing for *Mother Jones' Magazine*, wrote a story reporting on how Ford Motor company chose not to make repairs to a fuel leak problem in cars at a cost of $137 million. Their risk assessment methodologies indicated they would only pay about $49.5 million is law suites. This would be a savings of approximately $87 million dollars. These calculations reduced

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[1]Joy Angela Degruy, *Post Traumatic Slave Syndrome* (Portland, OR: Joy Degruy Publications, Inc, 2005), 14.

[2]Ibid., 45.

their customers into monetary savings within a risk management exercise. This is the same thinking that influenced how American slavers treated their slaves. It was a matter of saving or losing money. The lives and well-being of the slaves was not important.

Present studies on trauma would indicate that significant numbers of African slaves experienced enough traumas to suggest a diagnosis of Post-Traumatic Stress Disorder (PTSD).[3] The following lists are conditions that give rise to mental and or emotional traumas that justify the diagnosis of PTSD:

- A serious threat or harm to one's life or physical integrity.
- A threat or harm to one's children, spouse or close relative.
- Sudden destruction of one's home or community.
- Seeing another person injured or killed as result of accident or psychical violence.
- Learning about a serious threat to a relative or a close friend being kidnapped, tortured or killed.
- Stressor is experienced with intense fear, terror and helplessness
- Stressor and disorder is on considered to be more serious and will last longer when the stressor is of human design.[4]

According to the DSM-IV, one of these stressors is enough to warrant a diagnosis of PTSD. Unfortunately, many slaves experienced most of these stressors in the list. If one of these conditions is enough to warrant a diagnosis of PTSD, then what should have been the diagnosis for generations of persons of African descent that experienced these conditions on a daily basis? Was there ever any hope for persons of African descent to

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[3] Degruy, *Post Traumatic Slave Syndrome*, 113.

[4] Degruy, *Post Traumatic Slave Syndrome*, 114.

live productive lives after years of chattel slavery and its lingering effects that lived on in the Jim Crow south. These lingering effects were rooted in a constitution that initially did not see persons of African descent as humans and evolved into politics. Slavery was now illegal, but a new language was born out of the majority culture who wanted to protect it as a way of life. "States' rights, Goldwater insisted, preserved state autonomy against intrusive meddling from distant power—though obviously the burning issue of the day was the federal government's efforts to limit state involvement in racial degradation and group oppression. Freedom of association, Goldwater explained, meant the right of individuals to be free from government coercion in choosing whom to let onto their property-but in the South this meant first and foremost the right of business owners to exclude blacks from hotels, restaurants, movie theaters, and retail establishments. Like Wallace, Goldwater had learned how to talk about blacks without ever mentioning race."[5]

How do persons subjected to this constant rejection from fully participating in the American Dream along with acts of violence react? Persons diagnosed with PTSD may present with the following symptoms:

- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiological reactivity on exposure to internal or external cues
- Marked diminished interest or participation in significant activities
- Felling of detachment or estrangement from others restricted range of affect

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[5] Ian Haney López, *Dog Whistle Politics: How Coded Racial Appeals Have Reinvented Racism and Wrecked the Middle Class*, (New York: Oxford University Press, 2014), 19.

- Sense or foreshortened future (in other words, does not expect to have a career, marriage, children or normal life span.)
- Difficulty falling or staying asleep
- Irritability or outburst of anger
- Difficulty concentrating[6]

These are just a few examples of how persons suffering from PTSD can behave. The core of African culture is the maintenance of healthy and secure relationships. It would be a natural conclusion that because chattel slavery destroyed the existing relationships of the slaves it limited their ability to form new relationships. This produces lost generations adversely affected by the trauma of slavery without a familial unit to seek protection and comfort within. It is a reasonable conclusion that the generations that endured Jim Crow and institutionalized racism were adversely affected by this trauma. How are the descendants of slaves expected to form healthy relationships and lead productive lives if their generational psyche has been compromised or traumatized?

The effects of trauma and how it is passed down is reflected in a statement by James P. Comer,

> The slave family existed only to serve the master and in order to survive physically, psychologically and socially the slave family had to develop a system which made survival possible under degrading conditions. The slave society prepared the young to accept exploitation and abuse, to ignore the absence of dignity and respect for themselves as blacks. The social, emotional psychological price of this adjustment is well known." [7]

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[6] Degruy, *Post Traumatic Slave Syndrome,* 115.

[7] James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, New ed. (New York, NY: Free Press, 1993), 118

Children learn by watching the actions of adults or their superiors, to have generations of slaves growing up within the system of bondage creates people with low self-esteem who do not value their lives and engage in negative behaviors.

These behaviors do not highlight their humanity or the humanity of the members of their communities. So it becomes easier to understand why persons in this community will take a life without thinking twice and commit acts of violence against each other. It becomes easier to explain why it could lead to self-destructive activities because they do not view themselves as valuable. Generational cues have been ingrained into their psyche and it takes strong support systems that are active, vigilant and visible to override the cues and help them move toward their potential. For generations of persons subjected to slavery, Jim Crow and institutional racism there was little potential in sight, so self-destructive behaviors are easier to engage in. This is disturbing especially as we hear youth today expressing that they do not expect to live beyond eighteen. I grew up in a middle-class home with both of my parents, but I can vividly remember celebrating my twenty-five birthday with extra vigor because I felt like I made it past a pivotal point. I wasn't celebrating the fact that I was moving deeper into adulthood; I was celebrating the fact that I had survived to see twenty-five years.

Most people in society will argue that slavery took place years ago, so how can the present generation be affected by slavery? Dr. DeGruy addresses this in her explanation of Post Traumatic Slave Syndrome. Post Traumatic Slave Syndrome is a condition that exists when a population has experienced multi-generational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today. This is coupled with a real or imagined belief that the

benefits of society are not available to them. Dr. Degruy outlines the following formula for this syndrome as "**M**ultigenerational trauma together with continued oppression and **A**bsence of opportunity to access the benefits available in the society leads to **P**ost traumatic Slave Syndrome. M+A=P".[8] The real or imagined portion of this explanation is critical, because perceptions are powerful and if generations of African Americans feel that they are not able to participate in the American Dream, then this feeling of hopelessness is passed on in attitudes and conversations. In turn, the self-destructive activities are continued throughout generations.

The syndrome is brought on by a set of behaviors she places in three categories: vacant esteem, ever present anger and racist socialization. Vacant esteem believes that one has little or no worth as a result of influences from society, community and family. Societal influences are found in our institutions, laws, polices and media. Our communal influence is present in how norms are established and encourage conformity to the large society. Familial influences are how we are raised and prepared to take our place in society. When all of these influences are disparaging and people only see a very limited role they might easily see themselves as having little or no value.

Vacated Esteem presents itself when African Americans feel responsible for the act of every single African American that does something illegal or unethical. We are all mortified when we find out the person is African American. This feeling of having to bear the burden of each person of color who does something bad is an indication of vacated esteem.

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[8] Degruy, *Post Traumatic Slave Syndrome*, 121

Ever present anger is captured best by Dr. James R. Samuels in this statement, "In its simplest form anger is the normal emotional response to a blocked goal. Often, if a person's goal remains blocked over time, they will begin to consider the possibility of failure and so experience fear, and when we are fearful we also lash out in anger"[9] How many times have African Americans felt like their hopes and dreams have been blocked? If blocking a goal can bring about anger, what does years of being passed over on a job bring? What emotion comes forth when a family has struggled for generations to pay bills, eat and get suitable health care? African Americans have seen generations promised equal access to the American Dream and integration into society, but the search for justice, equality and freedom has come up null. This repeated null statement equals a rage that grows as each promise is blocked.

Dr. DeGruy also states that 'ever present anger' is present because the slaves took on the cruel and violent nature of their masters. Why is anger brewing just below the surface of African Americans? Dr. Geruy says "Even when we are feeling good, an ever present anger resides just below our surface. Anger at the violence, degradation and humiliation visited upon ourselves, our ancestors and our children; anger at being relegated to the margins of the society in which we live; anger at the misrepresentation and trivialization of our history and culture; and finally, anger at living in the wealthiest nation in the world and not having equal opportunity and access to its riches."[10] Tupac once gave an interview where he captured Dr. DeGruy's idea of ever present anger. He

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[9] Degruy, *Post Traumatic Slave Syndrome*, 130.

[10] Degruy, *Post Traumatic Slave Syndrome*, 133.

described being in a room without food, but a feast is going on next door. He says at first you continue to ask to be let into the feast, but at some point you become angry and you pick the lock and blast through the door. The door represented the repeated blocked goal, but after asking to join the feast and being denied force was applied to reach the goal.

Racist socialization occurs when enslaved persons take on the value system of the group enslaving them. Slaves saw the master as strong, rich, well-fed, secure and healthy. The slaves saw themselves as poor, improvised, insecure and unhealthy. No place is this more apparent in the light skinned versus dark skinned issue. Slave owners saw lighter skinned slaves as more valuable, so African Americans have internalized this to associate darker skin with inferiority. Today many still go to great lengths to lighten their skin and straighten their hair based on a white standard of beauty. This socialization is perpetuated in books and films that portrayed African Americans as servants and buffoons. Presently, African Americans rarely see themselves as the hero or love interest in a movie. How long is it going to take to have an African American Bachelor or Bachelorette on the popular TV show? What is the effect on young men and women if they never see themselves as being worthy of being pursued to marry? Why is America unwilling to have young men and women competing for the hand of an African American woman or man on this show? Unfortunately, this racist socialization is still present in media.

This multi-generational trauma inflicted upon African Americans is a major issue and attempting to find ways to address this issue is daunting, but studies have shown that

African Americans turn toward their pastor when they have mental health issues.[11] The church was often the only place African Americans could assemble without being harassed, so it is easy to see why they look toward the church and their pastor for guidance for mental health issues.

Dr. Alvin Poussaint defines PTSS a bit differently, but it arrives at the same point. Dr. Poussaint describes it as the psychological risk for African Americans that is unknown to white Americans. He goes on to explain that this risk is present because of the persistent presence of racism, despite the significant legal, social and political progress in the first portion of the twentieth century.[12] He arrives at the same location of stress caused by a real or imagined sense of hopelessness aggravated by the institutionalized marginalization of African Americans.

Dr. Poussaint examines how slaves were labeled crazy if they failed to capitulate to the self-serving needs of the white slave masters. The labels of crazy and dangerous were given to slaves that rebelled against slavery or the oppressive system that allowed its existence.[13] This labeling and misrepresenting the behavior of African Americans has led to decades of stereotypes and misconceived notions being repeated so many times they are believed to be true. This misrepresentation of the African American psyche was convenient for slave owners and proponents of Jim Crow that utilized these lies to justify treating African Americans like second class citizens. Unfortunately, African American

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[11] Philip S. Wang, Patricia A. Berglund, and Ronald C. Kessler, "Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States," *HSR: Health Services Research* 32, no. 2 (April 2003): 647-73.

[12] Alvin F. Poussaint and Amy Alexander, *Lay My Burden Down: Suicide and the Mental Health Crisis Among African-Americans* (Boston, MA: Beacon Press, 2001), 15.

[13] Ibid., 65.

have heard the lies told so many times that many have internalized the lies and present with the symptoms of PTSS.

The early literature utilized to explain the behavior of African Americans was not based on research, but upon conceptualizations and pseudoscience. White medical and mental health doctors contended that blacks were intellectually inferior to whites and conveniently for the oppressors destined to be slaves. Any blacks that did not comply with the racist system of oppression and showed any independent thinking was labeled as belligerent and certainly suffering from mental illness. Ultimately, they were seen as dangerous.[14] It is depressing, mind-blowing, and disheartening that in 2014 if I raise my voice in meeting or disagree with the pack, I am labeled the angry black man. The labels of mentally inferior, lazy and hypersexual that were placed on our ancestors centuries ago are still shackles around the neck of African Americans today who just want to be seen as human beings with individual gifts and graces. Where is the respect for their humanity?

Dr. Poussaint highlights that the endless pursuit of respect in young African American males is leading them toward self-destructive behaviors that bring their lives to an end prematurely.[15] Society, through its labels and institutionalized stress does not give them any respect, so they try to control and dominate within their areas of influence. This leads to young men stopping at nothing to be the man in their neighborhood which often leads to death and destruction. The thirst for juice or respect is also why middle class and suburban youth get caught up in this cycle. They want street credibility and do not want to be seen as soft. They want the respect that they see glorified in movies.

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[14]Ibid., 65.

[15]Ibid., 18.

Unfortunately, for many of our youth the vacated esteem has left them thinking good grades and manners are not worthy of respect. These self-destructive thought patterns are the results of this biased labeling over the years.

Lager society is not showing African Americans respect, so where can they go to get the relief and validation they need? For many it has always been the church. The church is where an individual can affirm their faith, sense of belonging and community. Hankerson and Weissman in a review examining church-based programs for mental health stated that "The black church maybe uniquely qualified to overcome barriers such as stigma, distrust and limited access that contribute to racial disparities in health service unitization."[16] Their review identified the following factors that made them effective:

- The church-based interventions for mental disorders were culturally tailored to emphasize black culture and spirituality.
- Outside agencies can be used to help the churches address potentially controversial issues, but these agencies must frame the topic in a manner that fits the doctrine of the church.
- Pastors must be a major part of the planning for their congregations.
- Community-based participatory research can be used to build trust. Hankerson and Weisman concluded that the church shows huge potential when it comes to helping address mental health disparities in the community, but the institution is dramatically underutilized.[17]

This review suggests that the church can be helpful. An examination of the church's ability to affect change was encouraging, but unfortunately there is not a lot of empirical data to utilize. The reviews stated that more studies need to be conducted and

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[16] Sidney H. Hankerson and Myrna M. Weissman, "Church-Based Health Programs for Mental Health Disorders Among African Americans: A Review," *Psychiatric Services* 63, no. 3 (March 2012): 246.

[17] Hankerson and Weissman, "Church-Based Health Programs for Mental Health Disorders Among African Americans: A Review," 247.

more people need to show interest in utilizing the church to help address mental health in the African American community.

In a study utilizing a study group at a mega church to evaluate preacher's perceptions on utilizing church-based programs that treat Major Depressive Disorder, Hankerson found that ministers were willing and eager to help parishioners deal with depression and provide assistance to seek treatment. However, they were hesitant because there was no formal training or procedures on how to assist the members.[18] The pastors believed that dealing with mental illness was beyond their training and feared making matters worse if they tried to intervene. The pastors also noted that parishioners did not want to hear they were suffering with depression. The stigma associated with a metal illness was reported as creating a barrier between the minister and parishioner if they told them they were possibly experiencing depression.[19]

Minsters can play a vital role in helping reach underserved communities and The National Alliance on Mental Illness (NAMI) has acknowledge this and tried to leverage a relationship through its outreach program FaithNet . FaithNet is designed to promote the utilization of faith-based organizations to help communities address mental illness. NAMI developed a program entitled *Bridges of Hope* to help clergy and congregations create a welcoming community for persons dealing with serious mental illness.

This three part presentation is approximately thirty minutes in duration with an additional twenty- five minutes of testimonials and discussion. The presentation starts

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[18] Sidney H. Hankerson et al., "Ministers' Perceptions of Church-Based Programs to Provide Depression Care for African Americans," *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 90, no. 4 (August 2013): 691.

[19] Hankerson et al., "Ministers' Perceptions of Church-Based Programs to Provide Depression Care for African Americans," 692.

with a definition of mental illness and how it impacts families and communities. The role of the faith-based community in helping people with mental illness is next and the third part of the presentation introduces NAMI and what it can offer to individuals.

The review of the program is not a glowing one. It was easy to find information about the program itself and to acquire the training materials developed, but identifying a group that actually utilized the program was difficult. A part of the difficulty lies in the fact that NAMI is a volunteer organization, so getting full-time dedicated staff to run the various programs is difficult.

After locating an office that utilized the program, the volunteer's response was that they had not gotten good results in the African American community. The program was not well received. The volunteer began to discuss their new evidence-based program, but when asked about the effectiveness of the new program in the African American community this program was also met with very little success.

Bridges of Hope is a very informative presentation, but I think it creates several challenges for the organization trying to utilize the presentation. First, would the organization be confident presenting this material themselves? If not, where are they going to find persons in their area able to conduct or assist with the presentation? The program also lacks the specification needed to increase the chances of success. Evaluating the program based on the four criteria Hankerson and Weissman recommended it only meets one of the four criteria. It was an attempt to leverage an outside agency, but the cultural competency and active leadership involvement are missing.

The Florida Department of Health sponsored a program that highlighted how leveraging the pastor and tying the core of the program to spiritual truths can increase a congregation's receptiveness to a program. *Body and Soul: A Celebration of Healthy Eating and Living* was developed to help clergy and congregations eat healthy and adapt healthy lifestyles. The very first thing in the guide utilized by churches is a letter from a pastor making a clear tie between a healthy lifestyle and spirituality. The pastor's input and collaboration are also demonstrated by the inclusion of the letter. The pastor is given a letter to personalize to send to pastoral counterparts and the congregations encouraging them to take an active role in this program.

The four pillars of the program are 1) A Pastor that is committed and involved, 2) church activities that promote healthy eating, 3) a church environment that promotes heathy eating and 4) peer counseling that motivates church members to eat healthy. The guide also has two additional sections customizing Body and Soul for your church and "Keeping the spirit alive – how to maintain your Body and Soul Program.

This program was well received, but the Department of Health in Florida shifted their focus and dropped the program for another program. Although the program was dropped, my discussion with the health care personnel responsible for implementing it mentioned that the program enjoyed success when it was introduced, but once the focus of the department shifted it was left without any financial support to implement across the state.

An initial review of the program indicates that it had the necessary components to increase the chances of efficacy. The program was designed in consultation with pastors and church leaders, so it had the spiritual foundation along with the health and dietary

information available. The program also called for pastoral leadership, as its very first pillar, to highlight the importance of the leader of the faith-based community in moving the program forward.

Moreover, the customization of a program to your audience is critical. In preparation for the doctoral projects, the student works hard to get a handle on their context. With *Body& Soul* the guide identifies ways faith-based organizations can organize the program and make sure that it addresses the needs of the entire organization. It is recommended to receive input from key stakeholders during the early development of the program and get frequent feedback. This allows the program to adjust for the cultural nuances that may have a direct effect on the congregations. The method allows them to bypass pitfalls and maneuver around them rather than have the momentum crash early during implementation never to regain steam.

The program empowers church members to eat a healthy diet rich in fruits and vegetables every day for better health. We also added physical activity to increase daily movement to encourage a healthy and balanced lifestyle.

Attempting to define the scope of this project was the toughest issue. Substance abuse and mental illness often go hand in hand, but substance abuse has been examined and most users do not have issue seeking help for substance abuse. However, people with mental illnesses have a problem acknowledging they have mental health issues. This project is an attempt to shed light on mental illness and to look for ways to reduce the stigma associated with mental illness.

The scope also began to expand because there are so many issues surrounding mental health I wanted to address. Access to mental health services and funding for

mental health services are just two examples. Veterans returning from service in Afghanistan and other active theaters around the globe will bring home a broad number of Post-Traumatic Stress Syndrome (PTSD) cases. Veterans are returning and are experiencing large numbers of mental health problems because more of them are surviving battle wounds. However, it was outside of the context of my research.

I knew I wanted to examine mental health, but I was not quite sure of the direction it would lead me. After an examination of my context along with initial research surrounding mental health and African Americans and their interaction between the two; I wanted to examine how to leverage the church's ability to drive this interaction. The church's place in the community can be utilized to facilitate reducing the stigma associated with mental health. My plan is to encourage church leaders to take an active role in helping their congregants and the surrounding communities seek and receive mental health services.

The composition of the congregation and the prevalence of mental health validated that I was on the right track, but I still wanted to ensure that I was not undertaking too much. Reducing the stigma associated with mental illness became my goal. There are agencies and volunteer groups willing to help people suffering with mental health and their families, but getting people to admit they may have issues and then seek treatment is the biggest hurdle. In the South, African Americans are less likely to seek mental health services because of a fear of the medical community. The reason for that fear is best captured in the events of the Tuskegee Experiment. Churches have been instrumental in helping the community overcome physical heath disparities and this

is an attempt to leverage this same intuition to decrease the stigma associated with mental illness.

The composition of our churches also highlights that the church can be an ideal place to help improve the mental health of our communities. My context is composed primarily of women. In Cleopatra Caldwell's research on black women and their utilization of mental health services, she found that black women between the ages of thirty-five through fifty-four utilized professional mental health services more than any other group and women who considered themselves "not at all religious" reported the most severe mental health issues.[20] This age group is active in our churches. We can build upon success with this segment within the church and raise mental health awareness in our church and communities. These women can also be instrumental in reaching unchurched women who are longing for spiritual, physical and psychological peace. This is a huge evangelism opportunity.

Twenty-four hour cycles of work and play are eating into our quiet time and moments of relaxation. It is important to remember that while we have well-armed weapons of faith, depression and mental illness is a devious demon. You can't just tell people to have faith.[21] Churches providing mental health counseling are few and far between, churches need to become better equipped to help members deal with mental health issues. The viability of our churches and communities are directly tied to our mental health and the church has to get out in front of this issue.

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[20] Diane R. Brown and Verna M. Keith, eds., *In and Out of Our Right Minds: The Mental Health of African Americans* (New York, NY: Columbia University Press, 2003), 259.

21 Terrie M. Williams, *Black Pain: It Just Looks Like We're Not Hurting*, Reprint ed. (New York, NY: Scribner, 2008), 219.

"Similarly, if one feels spiritually disconnected and isolated, believing no one cares about them, they will not be physically or psychologically strong because their soul is hurting."[22] "A combination of factors racism, substance abuse, poverty, homophobia, stress, anxiety, domestic and community trauma, incarceration and dismantled families to name a few take their toll on our mental and physical health, with a resulting decline in life expectancy, education, and income levels."[23] This isolation is why our programs have to have the cultural competency. The church and the programs they offer have to serve the whole person. You cannot speak to just their spiritual situation. We have to speak to their entire lives. The project is not about finding one solution to our mental health issues, but it is about establishing a network of resources that churches can use to serve the multitude of needs within their congregations. The church has to act as the medium to provide access to services and resources. Our call is to be servants and ensuring the health and vitality of our congregations is a critical part of this service. We do not need to have all of the answers, but we do need to know where to find them.

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22 Andrae L. Brown, *The Black Male Handbook: a Blueprint for Life*, ed. Kevin Powell and foreword by Hill Harper (New York, NY: Atria Books, 2008), 137.

23Brown, The Black Male Handbook, 138.

CHAPTER SIX

PROJECT ANALYSIS

Introduction

The project is an examination of mental health and how the church views mental illness. The questions posed earlier will be part of this examination. How does the church view mental illness and are there any programs out there to help churches cope with mental illness in their community. Funds are available for faith-based organizations to provide training on mental health, but why are churches hesitant to utilize these programs? The goal of the project is to raise the awareness of mental illness, reduce the stigma associated with mental illness and help churches receive assistance for their members with mental illness.

The learning experience of the researcher lead him to seek assistance with helping this group of individual and shedding light in a subject that has been long ignored. Ex Facta Ex Lux or let there be light is the motto of Morehouse College. That college and his parents instilled the value of serving the community and shedding light on mental illness is the goal of this project. His professional life started in human resources and organizational behavior. His background in organizational behavior led him to a job with a consulting firm helping identify requirements for computer application utilized to streamline job functions. This combination of skills landed me a position as a director of

a state agency that provided social services and my professional and vocational lives were joined at this intersection.

While examining his context and family, it became apparent that mental illness was all around him, but it was not being effectively managed. Persons needing help with physical ailments would go to the doctor and we would even work hard to get people suffering from addictions into rehabilitation, but no one seemed to ringing the alarm for persons with mental illness. Are there actually services out there for these persons and if so, is my community leveraging these resources? There are reality shows about people entering rehabilitation for drug addiction and pop music stars even make songs reference going to rehabilitation and they seem to plan album releases around this event. There is a drastic difference in how they report checking into rehabilitation for mental illness. Code words like fatigue and exhaustion might be used, but these events are not as popular as their drug rehab stints.

Suffering from mental health issues comes with stigma and often times people are afraid to admit they need help with these issues. Most are not even ready to admit they have these issues. I wanted to examine the following issues surrounding this issue. 1) Are African Americans more hesitate to admit that they have mental health issues? 2) If so, why are African Americans hesitate to engage these serves 3) Are mental health serves as readily available to African American as it is to other groups. 4) How can the church help with mental illness?

I want to examine what the faith based programs developed by The National Alliance on Mental Illness for their effectiveness and see if they can be leveraged to assist churches. If the programs were not effective, I want to see if there is some

combination of these programs or other programs that might prove more effective. It is critical that programs are culturally sensitive, so it will be interesting to see if these programs are culturally competent and how the lack of culturally competency affected the efficacy of training.

My biblical foundation chapter examined two passages of scripture that discussed the Christian's requirement to seek justice for people on the fringes of society. The Old Testament scripture in Deuteronomy the law is being reviewed by the Children of Israel prior to entering the Promised Land and how they needed to look out for the stranger for we were once strangers in the land. The New Testament scripture is a portion of the seven woes that discussed how early Christians were so busy keeping the letter of the law they neglected justice.

These scriptures are utilized in my project to highlight our duty to care for people on the fringes of our society. Our family members and members of our community are suffering with mental illnesses and are present in our lives, but we often fail to actively include them in our lives in a meaningful way.

My theological chapter examined Soteriology and Liberation Theology. We cannot truly be liberated if we do not set the captives on the fringes of society free. True liberation and salvation is when we fight for everyone's ability to lead a full life and offer them the love of Jesus. We have a divine obligation as indicated by the two scriptures referenced above to acknowledge everyone's humanity.

I am examining the slavery and the idea of Post Traumatic Slave Syndrome introduced by Dr. Poussaint and Dr. Degruy. Does explaining to African American's that their present mental state might have been impacted by slavery and post slavery treatment

reduce the stigma of seeking help. This project comes at a critical time in our nation. Preachers are committing suicide at alarming rates and violence is not decreasing. The shrinking of the middle class and an inability of African Americans to recover after the last recession is increasing the levels of stress and frustration in our communities. Seeking mental health services is a way to deal with these stressors along with seeking spiritual guidance. The church has to work in conjunction with mental health providers in their community to help our communities get past their pain. The mentally ill are calling for justice and mercy. Will the church answer the call?

The purpose of this case study is to explore the stigma associated with seeking mental health services for the congregants at Mt. Olive African Methodist Episcopal Zion Church (AMEZ) in Prichard, AL. This study will attempt to understand how pastors would react to mental health training if they understood how history impacts the mental health of African Americans. Would this information encourage pastors and church leaders to assist congregates in seeking help for mental health concerns. My goal is to educated pastors who serve as the leaders of their congregations. My desire is to change their perception of the mentally ill and lower the anxiety associated with seeking help for this portion of our congregation and community.

The goal of this study was to examine the view of church leaders on mental illness. The researcher would often hear people talk about mental illness as something that just needed to be prayed away or acted upon. If you just removed the demon responsible for the issue, things would work themselves out. The case study reviewed training on chattel slavery, PTSS, and a mental illness overview. The researcher also interviewed two clinical psychologists to get their views on how churches can assist in

helping congregants receive help for their mental illness. This chapter presents the results of the case study.

Research Design

The goals of this case study were to define mental illness, communicate the possible origins for some occurrences of mental illness in the African American community, raise the awareness of church leadership to the prevalence of mental illness and reduce the apprehension of seeking professional services for assistance. The project will begin with a questionnaire distributed to the officers of the Mt. Olive AME Zion church. This questionnaire will serve as a pre-test to identify their knowledge of mental illness and if they are averse to helping members seek help for mental illness. This training will focus on defining mental illness and identifying historical factors that influence the present mental health of African Americans. Rev. John P. Gant, M.Div., the pastor of Mt. Olive AMEZ Church, the Stewart board, Trustee board and class leaders will participate in the training.

The researcher developed and presented the program with the guidance of a professional associates and the National Alliance on Mental Illness (NAMI). Dr. Eddy Regnier, a Clinical and Forensic Psychologist, assisted in developing a pre-test and post-test log with the program itself. The researcher consulted with him to ensure that his work had sound psychological theory and practice. He also helped to ensure that project protocols did not adversely impacting data collection. Other local psychologists and mental health associations in the area were interviewed to obtain feedback on how the

church can better assist in ensuring the utilization of mental health services. The information collected will also be reflected in the training program.

Dr. James Jackson served as my theological contributor on this project along with my faculty mentors and consultant. Dr. Jackson earned his Doctorate of Ministry at United Theological Seminary and will be instrumental in assisting me in setting up a project that works in a church setting. He brings his years of working with congregations and understands the psyche of church people and how to best work with them. Dr. Jackson will bring the church portion of the cultural competence to the project. Dr. James Jackson and I grew up together, so he understands cultural nuances that are particular to this community. It is critical for me to get his feedback because he can help address this community, but also create a program that is replicable across different congregations. We are also close to the same age and grew up in very similar households as preacher's kids. He can assist me in reducing my bias and deliver the best program possible.

Dr. R. Demetrius Steele is a family practitioner that sees the impact that mental health has on a community and families every day. I want to get his perspective on how pastors and church leadership can work with family practitioners to help patients get help and possibly be referred to a specialist, if necessary. Most people are doing a better job at utilizing the services of their primary care physician, but work is still needed to bridge the gap to a patient's willingness to seek mental health services. He can help inform the leaders on how they can remain complaint with Health Insurance Portability and Accountability Act (HIPPA) laws, while still assisting congregants as they navigate

initial mental health assessments and possible deeper services from psychologist or psychiatrist, if needed.

The following is a list of questions for the pre-test and post-test:

1. Tell me a little about your responsibilities as a minister
2. What does the term "mental illness" mean to you?
3. What factors do you believe contribute to mental illness?
4. Do you believe other factors contribute to mental illness? (Biological, psychological, spiritual (i.e., sins), and others?)
5. What are the main mental health/emotional concerns or issues of members in your church?
6. What do you consider mental/emotional distress (impairment)?
7. How do you identify if a member is in distress?
8. If a member comes to you in distress, how do you help them?
9. Do you believe you can help a church member who is in mental/emotional distress?
10. If a church member needs assistance for depression outside the church, how do you determine the type of help they need?
11. How do you make a referral?
12. To whom/where do you refer them? (Social worker, psychologist, psychiatrist, primary care doctor, or others?)
13. What are your views on people who take medications for mental illness?
14. Do you believe that some members avoid seeking help for mental illness?
15. If members avoid getting help for mental illness, why do you think that is?
16. How do you deal with legal problems related to treatment?

The training program used as a combination of *Bridges of Hope*, a mental illness awareness program developed my NAMI to help the faith community address mental

illness in their congregations, and contextual information added from my research. This contextual information will come from the research on Post Traumatic Slave syndrome (PTSS) conducted by Dr. Joy DeGruy and Dr. Alvin Poussaint. Their research will be utilized to provide background on traumatic experiences that their ancestors were forced to endure and how this trauma presents itself in our congregations. The information on PTSS along with the Diagnostic Statistics Manual IV will be utilized to provide a lens that should enable church leaders to observe how behaviors they are witnessing in their churches and communities might be the results of generational trauma.

It is my hypothesis that information on PTSS will give the audience the cultural competence information needed to increase the impact of the *Bridges of Hope* training developed by NAMI. Getting feedback from the context associates will also be a big part of developing a training that fits the culture of the church which is another critical factor in providing the cultural competence that increases the effectiveness of training program. The leaders will also be provided with a listing of mental health organizations and providers they can utilize as a referral network for congregants suffering with mental illness and their families.

A sermon series highlighting the scriptures in my theological foundations paper will be preached after the leaders participate in the training program. The Old Testament scripture, Deuteronomy 10:17 will be utilized emphasizing the fact that we were once strangers in this land and we cannot afford to continue treating the mentally ill in our communities like strangers. The New Testament scripture, Matthew 23:23, will be used to emphasize our duty to uphold justice by defending the rights of the mentally ill to lead a full life.

Project Summary

The number of issues impacted the delivery of the project. The researchers' best friend's dad died and the funeral was held on the day intended to present the training. The dates for training had to be adjusted to accommodate the researcher's participation in the funeral. Changing the dates of the training was an issue, but a bigger issue was the researcher being assigned to a church in Tallahassee, Florida. This made coordinating training difficult. Also, Mobile, Alabama celebrates Mardi Gras and that celebration starting early exacerbating the already difficult task of scheduling two days for training. The deaths of several Bishops in our denomination also forced a number of meetings to be rearranged. This made it difficult to find time to meet because all of the ministries in the church were affected by these dates changing. These scheduling conflicts impacted the availability of the intended audience for the project, but the researcher made a number of changes to accommodate them.

Along with the logistical changes, Rev. Gant asked to expand the training to include pastors on the Jackson District in the West Alabama Conference. This district is within the Alabama-Florida Episcopal district of the African Methodist Episcopal Zion Church. The Presiding Elder asked to expand the training in light of the recent suicides of several ministers recently reported in the news.

The project was changed to accommodate the new participants and the reduced contact time with them. The sermon series was abandoned because the researcher was not able to preach in this project context because of new pastoral obligations. The sermons were turned into bible studies and incorporated into the training presentation.

The initial training was meant to be delivered over two different sessions, but the training had to be conducted in one session. The session started at nine am and finished at three pm on a Saturday. The pre and post-test were also condensed to keep the test from occupying an exorbitant amount of the allocated time for the presentation.

Summary of Learning

The number of persons attending the training was well below the intended number. Scheduling difficulties impacted attendance. The lack of attendance also made it tough to get a sample size big enough to reach any statistically significant conclusions from the feedback. While the small sample size impacts the feedback of the study, the researcher also notes that his relationship with the congregation also may have impacted the feedback. The researcher's father grew up in this church and this is the family church. Several of the researcher's family members attended this church and offered their initial sermons in this church. The researcher's father and grandfather were officers at the church and his grandmother served as a deaconess in this church. The researcher has very strong family ties to this church with his mother and brother still attend serving as a missionary president and as a trustee.

The researcher mentions this to highlight the potential bias that might be represented in the feedback. The idea of a past leader's son returning to their home church to start his ministry is romantic and serves as a source of bias in this case study.

The participants in the training were not very vocal at first. They were also very hesitant to complete the pre-test and post-test. Most of the participants completed both, but a couple only completed one. Arriving late and leaving early were the reasons there was not eight complete sets of pre and post-test. The pre-test and post-test show some

difference in responses, but as mentioned earlier the sample size is not large enough to show a statistical difference.

The Pre-test consisted of eleven open ended questions and three Likert scale questions where participates were asked to rate themselves based on their comfort level in assisting members with mental illness and if they thought mental illness was a big issue in their church.

The following are responses from the Pre-test:

Question 1 Tell me a little about your responsibilities as minster/leader.

Vicky – Class Leader- to keep in touch with members of class number three and find out if they are well or if they need anything.

Benjamin – Chairman, Board of Trustees – Insure building maintenance, insurance, safety concerns are addressed to name a few.

Rev. A.E. Johnson – To lead the congregation into the Word of God; to give spiritual nourishment and to lead by example.

These responses in the Pre-test all surrounded the leaders and preachers identifying themselves through their role in the church. The Post-test questions were asked a little differently. The researcher must mention here that the Post-test questions might have biased the following responses.

Question 2 – Do you see your responsibilities as a minster or leader differently after this training? If so, how?

Vicky – As a leader, I do see my responsibilities differently after this training. My approach would be to talk with the person and refer them to a doctor.

Benjamin – I now know how to refer and identify people with this condition.

Rev. A.E. Johnson – I learned that I must pay more attention to those in the congregation, in order to become more aware of those who may be suffering from mental illness.

Initially, participates were hesitant to get involved in the training, but as the session moved forward they began to get involved. As we discussed PTSS, one of the officers responded "Revered, it looks like all of us in here have experienced some sort of trauma and are suffering from PTSD". This was when I felt participates began to focus and started paying attention. Listing the sources of trauma and how they can potentially present in behavior got this particular participant's attention.

This willingness to look deeper into an issue or to fully participate in training starts with having a reason to buy-in. This is the culture competency component that seemed to be missing from the programs aimed at helping African Americans deal with mental health issues.

The language participates were starting to utilize and the questions they were starting to ask indicated they were seeing this issue from the standpoint of the person suffering from mental illness. They were starting to show empathy. This was evident in the following statements:

"You can't use the term mental illness to tell someone they are crazy, but describe the feelings and maybe how you had the same feelings and how you got help to deal with those feelings".

"Telling a person to go see a psychiatrist may turn them off. Maybe you lead in with your struggles and your stressors and you can open the doors to those who suffer to seek help".

"Revered, maybe the title off your talk should have been behavior health and it would have attracted more people".

The way we talk about and approach the subject of mental illness is critical and showing empathy and communicating with language that is inclusive and that does not place the illness in a derogatory light is helpful. There were also questions.

Benjamin

"..It looks like all of us in here have experienced some sort of trauma and are suffering from PTSD."

Rev. A.E. Johnson

How do you tell a crazy person they are crazy? How do you get people without cognitive ability to seek help?

You have to talk about the illness and talk about the help in the same conversation to get people interest in seeking help for mental illness. They want to know you can all provide some help for their issue.

Another comment from the Senior Pastor of the church indicated that including the cultural portion of the training was critical to the participants seeing the entire picture. This was captured in his statement:

"Prior to this training, I was a very get over it type of person. Dust yourself off and keep moving, but after examining this I see that some of the things we are contending with might be hangovers from slavery."

Interviews

Dr. Na'im Akbar is a psychologist in the Tallahassee area. He has written numerous books on Black Psychology and he was asked to participate in an interview for this research project. The objective was to discuss the role of spirituality and how it

helps or hinders psychological counselling. Research indicated that African Americans turned to the ministers for assistance when facing issues, so this was an interview to see how this played out in practice as opposed to theory. What was his opinion on the church's track record for successful helping congregants seek mental health services and how could the church assist persons with mental illness.

Dr. Akbar mentioned a couple of ministries in the area that were assisting persons with mental illness, but one he specifically thought was doing a great job in the past was Trinity Church of Christ in Chicago, Illinois. Dr. Akbar is retired and has not worked with this congregation recently, but he worked very closely with the former pastor Rev. Jeremiah Wright and the Association for Black Psychologist. Dr. Jerimiah Wright had a strong affiliation with the Association of Black Psychologist and they helped him start a counseling center at his church. Dr. Akbar applauded their work because there was an intentional effort in ensuring that cultural competence was practiced and highlighted.

"This is exactly why the Association of Black Psychologist exists. That is what I studied my entire career doing this…Without a sense of the cultural connection we are always thinking of mental illness as true of white people and not of ourselves, not understanding how our condition has been affected by our historical experience…The organization has always tried promote that the people that work with blacks needs to understand the residues of slavery and how they impact or magnify the personal depression."[1]

Dr. Akbar went on to discuss his doctoral work on African American paranoid schizophrenics highlighted that paranoia was present, but a portion of it was reality

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[1] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

testing. The reality is that if you felt the policeman circled around behind you to get you it was a true fact. The police man did in fact circle around to get behind you because you are black. "A part of this is your good ability to test the system. The policeman did circle the block because you were black."[2] A large part of our interview revolved around practitioners of all races being aware of the mental state of their patients, but always be aware of their cultural sensitivities was a critical part of any psychological evaluation.

When asked about the church's role in assisting congregants with mental health, Dr. Akbar discussed leadership and how their actions dictate how the organization will proceed. He mentioned his work with The Honorable Elijah Muhammad. "Elijah Muhammad taught the Old Testament and his appeal was that he equated the captivity of the Jews with the captivity of black people and used it as a metaphor for our situation. This was the appeal that he had to those who followed him."[3] Dr. Akbar was highlighting that you had to make the connection with people before you can move them to action. "My experience here suggests that the leaders have to authenticate and model that seeking treatment as scripturally and spiritualty correct."[4] If the leader of the church has not made congregates feel safe seeking mental health care then the ministry will never address it. This was a limitation of the training developed by NAMI. It failed to get the leadership of the churches to buy into the program and it never asked them to sign off and vocally support or champion the training.

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[2] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

[3] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

[4] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

But a huge part of dealing with mental illness is knowing where to set your limits. "Also a part of wisdom is knowing your limitations…somethings that drive you to suicide are of the mind…and you need to get social workers and clinicians to treat your depression and I can still work on your soul."[5] It is important that ministers do not go beyond their capabilities when assisting congregants with mental illness.

Dr. Akbar suggests "The same questions that pastors have to answer are the same questions the black psychologists have to answer. You can't compartmentalize the issues. You have to ally yourself and put together teams to come at the issues. It is so multi-faceted and multilayered and it is too difficult to separate."[6] It is such a big issue that you have to treat the entirety of the person. This also suggest that churches looking to start counseling services or address these issue must put together a comprehensive set of resources to deal with plethora of challenges that come with assisting persons with mental illness and their families. There is not one magic pill or counseling session and the process will require participation from the person seeking help and their family.

My second interview was with Dr. Anika Fields another psychologist in Tallahassee. Dr. Akbar suggested I talk to her because he had been out of active practice for a number of years and knew she worked with a number of churches with counseling ministries.

When I asked Dr. Fields about her experience with churches and their effort to assist congregants with mental health she mentioned that a number of churches are moving toward creating ministries to help with mental illness, but was concerned about

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[5] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

[6] Na'im Akbar, interviewed by author, Tallahassee, FL, July 14, 2015.

training. "Many churches are moving toward counseling centers, but they are not staffed by the proper persons. You have to know when it is spiritual counseling versus time to call trained staff. Most pastors are playing with this and do not even have pastoral counseling training."[7] She is concerned that pastors are moving into waters that they are not equipped to handle.

Dr. Fields stated "Most African Americans lookup to the pastor and think whatever they say it right spiritually and in other areas too."[8] The ministry that is not properly trained to provide counselling services can cause more damage and outweigh any efforts to assist those seeking help with mental illness. "Preaching from the pulpit that you do not need counseling you just need God. This causes many to come to here confused because the pastor said you do not need counseling or medicine…you just need God...Because African Americans put the pastor on a pedestal and it hurts when it comes to encouraging others to seek help."[9] This points to the leaders and the need for maturity in this subject area.

The stigma in the African American community is often passed down by the behavior and language used in our homes. Dr. Fields stated "There has always been a fear of people with mental health issues. People always threaten to send people to the crazy house. Between having the devil in them and threatening to be sent to the crazy house it encourages people to refuse to take their medicine or seek help because of the

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[7] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

[8] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

[9] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

stigma."[10] Threating to send our children and siblings to the mental institutions further aggravates the reluctance of people to seek help for behavioral health issues. Instead of seeing it as place to assist with your problems it is seen a punishment. It was also seen as punishment because doctors often banished African Americans to institutions as stated by Dr. Suite "Overall, racist ideologies and paper thin contextual diagnostic analysis are believed to contribute to inappropriate admitting people of color to psychiatric hospitals and consequently further heightening their mistrust of mental healthcare."[11]

Dr. Fields recalled an opportunity a church had to show their acceptance of person suffering from mental illness, but instead let their fear control their actions. "A lady was diagnosed with bi-polar disorder and got out of hand and the pastor didn't let the lady come back to church for fear she might hurt someone. Now, neither the parents nor the daughter attend the church. What did the church accomplish by asking them not to return?"[12] The very place that was supposed to provide a safe haven was the place that pushed her and her entire family to the margin.

The researcher asked Dr. Fields what is missing. Why is there a disconnect between the church and congregants seeking help with meatal health issues? Dr. Fields responded" Not taking about the issues, but allowing them to simmer and build up and rake it under the rug is what's missing in the conversation about mental health."[13] Not being willing to have the conversation or even address clear issues that present

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[10] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

[11] Derek H. Suite et al., "Beyond Misdiagnosis, Misunderstanding and Mistrust: Relevance of the Historical Perspective in the Medical and Mental Health Treatment of People of Color," *Journal of The National Medical Association* 99, no. 8 (August 2007): 882.

[12] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

[13] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

themselves is stifling the conversation. Outreach ministries should consider going to mental health facilities to see what is really happening. The ministry is doing good for the nursing home and jails, but missing an entire segment.

She also felt that most people don't take counseling seriously. "People think you need to generally know about mental health and you can counsel people. For most people, religion and spirituality are just not that important and if you know a couple of techniques you can counsel anyone."[14] It is questionable if enough people are even interested in spirituality and counseling to expand the research.

The condemnation of the church turns people off. More pastors need to reach out to members with mental illness. It would be helpful if the church designed a workshop and invited everyone to attend. Everybody knows someone that suffers from anxiety and depression and wants to know more about it. The main issue is the lack of education.

Summary of Learning

The goal of this case study was to examine the stigma associated with mental illness and identify way the church could assist congregates and members of the community receive help for their issues. To say that the attempt to reduce the stigma of mental illness is a big one is the epitome of an understatement, but it is an attempt that we are obligated to make.

The clarity of this obligation unfolded as I progressed through the intensives associated with this doctoral program. Behavioral health has to be a part of our ministry. Our first intensive was an examination of human trafficking. Once I saw the thread of

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[14] Anika Fields, interviewed by author, Tallahassee, FL, August 28, 2015.

mental illness running through the issue, I was knew I needed to discuss mental illness. Poor and neglected individuals are often easy targets for human trafficking. African American youth are likely victims because society has preyed upon their emotional well-being and this leads to the youth putting themselves in situations that would make them an easy target for these the traffickers. Their involvement in illegal drugs or just wanting to have a person validate their feelings and love them could easily drive them into the hands of traffickers.

Our intensive on ministering to persons with disabilities made it extremely clear that we often overlook the mentally ill when it comes to ministry and outreach. Dr. Felids mentioned in her interview that we go to the nursing homes, but we often ignore places and organization that assist persons with mental illness. We have to be present in our community to serve everyone and their families. The families that care for and live with persons with mental illness also need to be ministered to. My work during this case study made it evident that the care givers for the mental ill are another segment of persons we should not ignore.

This case study pointed out several areas for improvement regarding behavioral health in the African-American community. The first step is changing our language. Participates in the training suggested that we stop using the term mental illness. They suggested that I should have utilized the term behavioral health in my project. An examination of the terms we use to communicate to our families, congregants and community is a good place to start when looking to reduce stigma associated with seeking help for behavioral health concerns.

The approach of leadership is critical. The pastor has to embrace behavioral health. This is not a topic that can be ignored any longer. People in our churches and in our community are suffering and many are afraid to seek help because of being ostracized. The church has an obligation to help, but also have a very clear understanding of their role and responsibility in providing help. The leadership of the church must establish referrals systems and support vehicles that can support their spiritual counselling. Most importantly, those providing services and helping with referrals need to be properly trained. Providing behavioral health services is a decision that should not be taken lightly and the proper care and training should be the foundation of any group looking to provide these serves.

Pastors have to know where their expertise in behavioral health starts and stops. Attempting to help persons with serious issues can be disastrous and is an unnecessary risk that pastors do not need to take. God has equipped them with gifts, but he has also made us a body that utilizes partners and referral networks to let each part of the body perform the task it was gifted to perform. It is critical to establish a referral network in advance of trying to assist persons with mental illness. Attempting to assist someone in the middle of a behavioral crisis is hard, but not having an establish network to assist in the effort is a difficultly you want to avoid.

Unfortunately, once congregants and community members have elected to seek help there are still hurdles that need to be navigated. The attitude of the behavioral health specialist is an important factor. Most people want to avoid race and have these colorblind interactions with African-Americans, but our behavioral health can't be separated from our identity. Our behavioral health is impacted by racial attitudes and

taking a colorblind approach to a behavioral health evaluation might not give the practitioner a full picture needed to develop a comprehensive treatment plan.

Behavioral health practitioners and ministers need to take a multicultural approach. Pastors need to evangelize and minister to people embracing their cultural differences and examine how it impacts their relationship with God. Behavioral health professionals have to examine a person's cultural foundation to fully understand their whole being. "Understanding and using multicultural ideology calls for education about the customs of the other cultural groups, as well as recognizing people for being different, and taking this knowledge into consideration when interacting with them." [15] Behavioral health providers need to understand their patient's and the cultural foundations that are underneath their issues. Understanding the patient's medical and cultural history is critical to understanding the whole patient.

"One reason that multiculturalism may not be the ideology of choice is that it can be difficult to treat everyone fairly and different at the same time."[16] The effects of the injustices have been accumulating for decades, so you cannot expect a cure in months. The cause and effects of behavioral health issues can be long running and it takes time to treat these issues. The long running nature of these issues might be another reason persons with behavior health issues are ignored. They need extra support and ministry efforts pull churches in so many different directions it makes it hard to commit the time and effort needed to minister to these congregants. This multicultural approach means that we have to go outside of our comfort zone and really learn about each other. Most

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[15] Jasmine M. Terwilliger et al., *Psychology of Counseling* (n.p.: Nova Science Publishers, Inc., 2013), 112.

[16] Ibid., 112.

pastors and physicians only have time to provide bandages before they have to run to the next patient. Unfortunately, these patients need sutures.

Serving congregates with behavioral health issues is a daunting task. The increased news coverage of persons with behavioral health issues and the suicide of several preachers brought this issue to the forefront. As a result, more churches are opening counseling centers. The stigma of seeking help for behavioral health issues is still present, but educating African-Americans on possible sources of behavioral health issues along with changing the way we communicate with our communities about these issues is can change the willingness of persons to seek help. If nothing else, it will begin conversations about behavioral health. The willingness to discuss this issue is the first step in beginning to reverse the stigma associated with mental illness.

The hypothesis was that if you discussed the historical issues African Americans had with the medical community and with equality in North America you could lessen people's apprehension to discuss mental Illness. The factors that might have biased the conclusion were discussed, but the researcher thinks that the hypothesis was confirmed through his case study, training and interviews. Providing the why things happen or might happen to people can be liberating. Framing the behavioral health issues of African Americans in the context of their cultural experiences and their identity as African Americans proved to be a conversation starter. The researcher was asked to deliver this training to two different groups after the initial training. The African American church can be the catalyst to push this conversation, but we must first establish a robust referral group and be committed to the ministry of service.

APPENDIX A

PRE-TEST

Pre-Test **Name**_____

Tell me a little about your responsibilities as a minister/leader.

1. What does the term "mental illness" mean to you?

2. What factors do you believe contribute to mental illness?

3. Do you believe other factors contribute to mental illness? (Biological, psychological, spiritual (i.e., sins), and others?)

4. What do you consider mental/emotional distress (impairment)?

5. Do you believe you can help a church member who is in mental/emotional distress?

6. If a church member needs help for mental illness, how do you determine the type of help they need?

7. How do you make a referral?

8. To whom/where do you refer them? (Social worker, psychologist, psychiatrist, primary care doctor, or others?)

9. Do you believe that some members avoid seeking help for mental illness?

10. If members avoid getting help for mental illness, why do you think that is?

Please circle the number that best answers the question.

11. I feel comfortable assisting members with mental health challenges.

Strongly Disagree Somewhat disagree Agree Somewhat agree Strongly Agree

1----------2----------3----------4----------5

12. Mental illness is not a big issue in my congregation.

Strongly Disagree Somewhat disagree Agree Somewhat agree Strongly Agree

1----------2----------3----------4----------5

Post-Training **Name**_____

1. Do you see your responsibilities as a minister/leader differently after this training? If so, how?

2. What does the term "mental illness" mean to you?

3. What factors do you believe contribute to mental illness?

APPENDIX B

POST-TRAINING

4. Do you believe other factors contribute to mental illness? (Biological, psychological, spiritual (i.e., sins), and others?)

5. What do you consider mental/emotional distress (impairment)?

6. Do you believe you can help a church member who is in mental/emotional distress?

7. If a church member needs help for mental illness, how do you determine the type of help they need?

8. How do you make a referral?

9. To whom/where do you refer them? (Social worker, psychologist, psychiatrist, primary care doctor, or others?)

10. Do you believe that some members avoid seeking help for mental illness?

11. If members avoid getting help for mental illness, why do you think that is?

Please circle the number that best answers the question.

12. I feel comfortable assisting members with mental health challenges.

Strongly Disagree Somewhat disagree Agree Somewhat agree Strongly Agree

1----------2----------3----------4----------5

13. Mental illness is not a big issue in my congregation.

Strongly Disagree Somewhat disagree Agree Somewhat agree Strongly Agree

1----------2----------3----------4----------5

14. My perception of mental illness has changed.

Strongly Disagree Somewhat disagree Agree Somewhat agree Strongly Agree

1----------2----------3----------4----------5

15. How has your perception of mental illness changed?

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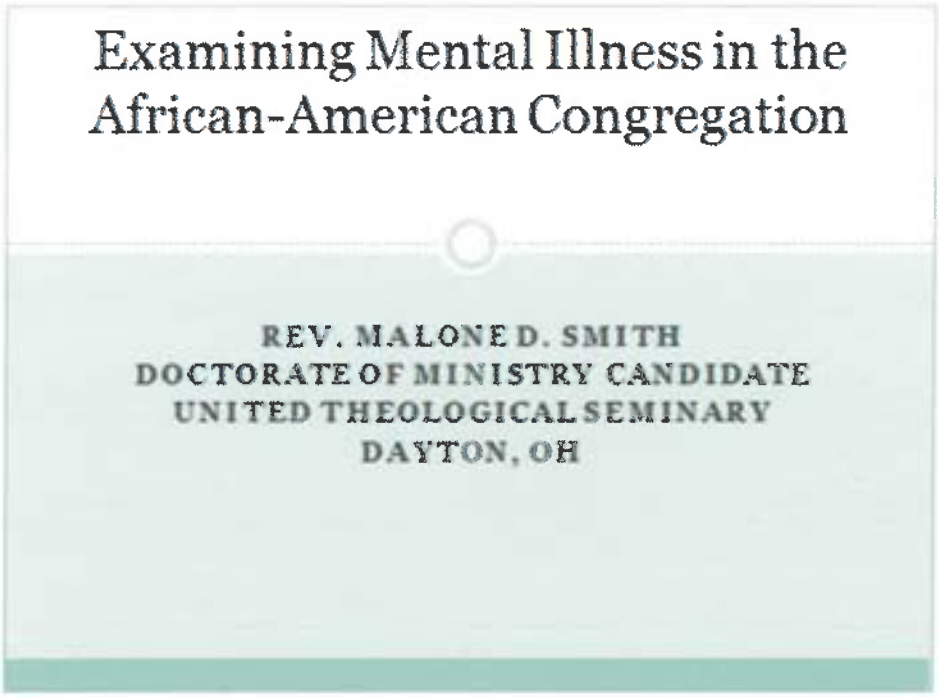
APPENDIX C

TRAINING OUTLINE


Examining Mental Illness in the African-American Congregation
REV. MALONE D. SMITH
DOCTORATE OF MINISTRY CANDIDATE
UNITED THEOLOGICAL SEMINARY
DAYTON, OH

Chattel Slavery

- History has traditional depicted slaves as happy serving their masters, but this history of slavery failed to view the institution of slavery from the eyes of the enslaved.
- Richard Hofstaders insisted that "any history of slavery must be written in large measure from the standpoint of the slave".

Chattel Slavery

- Racial slavery reached its pinnacle in North America. The first Africans were purchased in Jamestown in 1619 and prior to that blacks had been brought and sold for over a century prior to this.
- The racial slavery created by the English was not novel, but the difference was that this racial divide view of persons of African descent became in embedded in the societal core of this fledgling country.

Chattel Slavery

- "Some of the captives "were reasonably white, handsome, and genteel; other, not so white, who were like mulattoes; other black as Ethiopians, so deformed both in their faces and bodies, they [they] seemed...images of the lowest hemisphere."

Chattel Slavery

- This nation was built on the acceptance of slavery to help ensure the economic viability of their nation could be secured and in securing the nation's viability.
- Although, persons of African descent built and laid the foundation for the economic success that built the nation, they continue to struggle to out run the dehumanization and cultural depictions used to justify their inhumane treatment utilized to build the fortune of the nation.

Chattel Slavery – Medical Implications

- In the 1800s a group of doctors were producing professional papers to justify the keeping slaves in bondage. The expert opinion was that blacks were inferior to whites in every measure. The papers lead to the push to keep slavery intact, but also lead to utilizing blacks in questionable medical experiments.
- The continued dehumanization of African-Americans led to mistreatment as they sought medical treatment and the Tuskegee Experiment and the story of Henrietta Lacks affects some African-Americans as they consider seeking treatment from medical doctors.

Chattel Slavery - Medical Implications

- Dr. Richard Wesley TeLinde, a cervical cancer expert, who treated Henrietta Lacks when she first presented to Hopkins with abdominal pain, was also willing to utilize his patients as guneiea pigs. "Like many doctors of his era, TeLinde often used patients from the public wards for research, usually without their knowledge.
- Many scientists believed that since patients were treated for free in public wards, it was fair to use them as research subjects as a form of payment. And Howard Jones once wrote, "Hopkins, with its large indigent black population, had no dearth of clinical material."

Chattel Slavery - Our Obligation

- The mentally ill are a segment in our society that the church needs to ensure are receiving the services they need in a humane manner.
- The stigma associated with mental illness makes it difficult for African-Americans to seek help.
- A mistrust of the system has also added to the reluctance to seek help. The church has an amazing opportunity to lead the charge to ensure that members of our congregation and communities are getting the help they need.

Examining Mental Illness in the African-American Congregation

POST-TRAUMATIC SLAVE SYNDROME

Post-Traumatic Slave Syndrome

- Dr. Joy DeGruy used the term Post Traumatic Slave Syndrome to describe trans-generational adaptations associated with the past traumas of slavery and on-going oppression.
- Dr. Poussaint describes it as the psychological risk for African Americans that is unknown to white Americans.

PTSS – Trauma Defined

- An injury caused by an outside usually violent, force, event or experience.
- The injury can be experienced physically, emotionally, psychologically and spiritually.
- Repeated exposure to trauma can distort attitudes and beliefs
- The distortions often lead to dysfunctional behaviors, which can produce unwanted consequences.

PTSS –Trauma Defined

- The dysfunctional behaviors and unwanted consequences grow when the injury is repeated, severe and caused by humans. .

Post-Traumatic Slave Syndrome

- How does PTSD present?
  - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
  - Physiological reactivity on exposure to internal or external cues
  - Marked diminished interest or participation I significant activities
  - Felling of detachment or estrangement from others

Post-Traumatic Slave Syndrome

- How does PTSD present?
  - Restricted range of affect
  - Sense or foreshortened future (in other words, does not expect to have a career, marriage, children or normal life span.)
  - Difficulty falling or staying asleep
  - Irritability or outburst of anger
  - Difficulty concentrating

Post-Traumatic Slave Syndrome

- James P. Comer, "The slave family existed only to serve the master and in order to survive physically, psychologically and socially the slave family had to develop a system which made survival possible under degrading conditions. The slave society prepared the young to accept exploitation and abuse, to ignore the absence of dignity and respect for themselves as blacks. The social, emotional psychological price of this adjustment is well known."

PTSS – Really?

- Post Traumatic Slave Syndrome is a condition that exists when a population has experienced multi-generational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today.
- This is coupled with a real or imagined belief that the benefits of society are not available to them.

Post-Traumatic Slave Syndrome

- The syndrome is brought on by a set of behaviors that she places in three categories:
  - Vacant esteem
  - Ever present anger
  - Racist socialization

Post-Traumatic Slave Syndrome

- This multi-generational trauma inflicted upon African Americans is a major issue and attempting to find ways to address this issue is daunting, but studies have shown that African Americans turn toward their **pastor** when they have mental health issues.

Post-Traumatic Slave Syndrome

- The black church maybe uniquely qualified to overcome barriers such as stigma, distrust and limited access that contribute to racial disparities in health service unitization.

Examining Mental Illness in the African-American Congregation

DEUTERONOMY 10:17-19

Deuteronomy 10:17-19

- The passage in Deuteronomy opens with a persistent call to obey God in versus 12 -13 and versus 20-22. In the middle of this passage in versus 14-19, the call to show care and concern for the disadvantage is given. Finally, verse 17 gives the motive for obeying God's command to care for the disadvantaged.
- The most critical point being made in this scripture is that we are to imitate God's concern for people on the fringes of society. To have an effective relationship with God we have to equate loving and serving God with caring for the less fortunate.

Deuteronomy 10:17-19

- Tanner suggests that Deuteronomy was also designed to deal with the unattractive realities of a society in decay. False Prophets, aggressive land lords, greedy merchants and corrupt judges were just a few things Israelite society had to contend with.

- Justice and love are closely related and that God is asking us to respect and care for his entire creation.

Deuteronomy 10:17-19

- The community is extended in the later portion of these versus. God is instructing his people to care for everyone including foreigners.
- We have to be impartial with our love and provide for everyone. God reminds them in verse 19 that they were once foreigners, so why would they not be sensitive to the needs of foreigners?

Soteriology and Black Liberation Theology

- C.S. Song in an article discussing Liberation Theology in Asia discussed doing theology with the third eye.
- This concept was born in Buddhism, but is the heart of Liberation Theology.
- Have you ever tried to view the world from the vantage point of the mentally ill?

Soteriology and Black Liberation Theology

- Paul Tillich stated that theology had to be conducted from the view point of a person's environment.
- "Tillich believes that a theological doctrine must answer a question implied in the "situation," which defines as "the totality of man's creative self-interpretation in a special period."

Soteriology and Black Liberation Theology

- The mentally ill are in need of an extension of this Liberation theology to address their situation.
- Song's approach adds another dimension to the theological discussion. Utilizing this third eye thrust the theologian into the shoes of the people they are sharing the gospel with.

Soteriology and Black Liberation Theology

- Cone states, "The prophets of Israel are prophets of social justice, reminding the people that Yahweh is the author of Justice. It is important to note in this connection that the righteous of God is not an abstract quality in the being of God, as with the Greek philosophy. It is rather God's active involvement in history, making right what human beings have made wrong".

Soteriology and Black Liberation Theology

- Liberation Theology requires that we treat everyone with value recognizing they are created in the image of God and deserve love also.
- Giving the weak a voice to speak against injustice is what strengthens the entire community.

Examining Mental Illness in the African-American Congregation

MENTAL ILLNESS

What is Mental Illness?

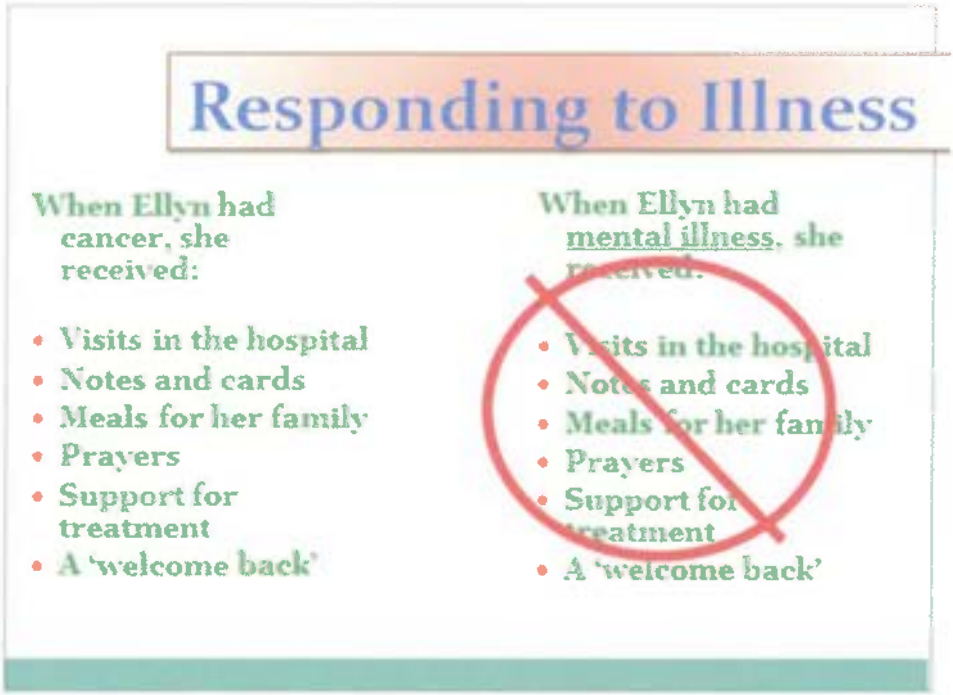
- A serious medical illness.
- Includes depression, schizophrenia, bipolar illness, OCD, PTSD and more.
- Are equal opportunity illnesses.
- Untreated, have long reaching consequences.
- Are treatable for most.

The Scope of Mental Illness

- 1 in 4 adults experiences a mental health disorder in a given year
- About 1 in 17 lives with a serious mental illness
- 26 % of the homeless population lives with a serious mental illness

Faith Communities' Unique Role:

- Clergy are on the front lines
- Faith communities are more numerous
- They provide education settings
- They are committed to social justice and caring
- Faith is a key component in coping and recovery


Responding to Illness
When Ellyn had cancer, she received:
• Visits in the hospital
• Notes and cards
• Meals for her family
• Prayers
• Support for treatment
• A 'welcome back'
When Ellyn had mental illness, she
• Visits in the hospital
• Notes and cards
• Meals for her family
• Prayers
• Support for
• A 'welcome back'

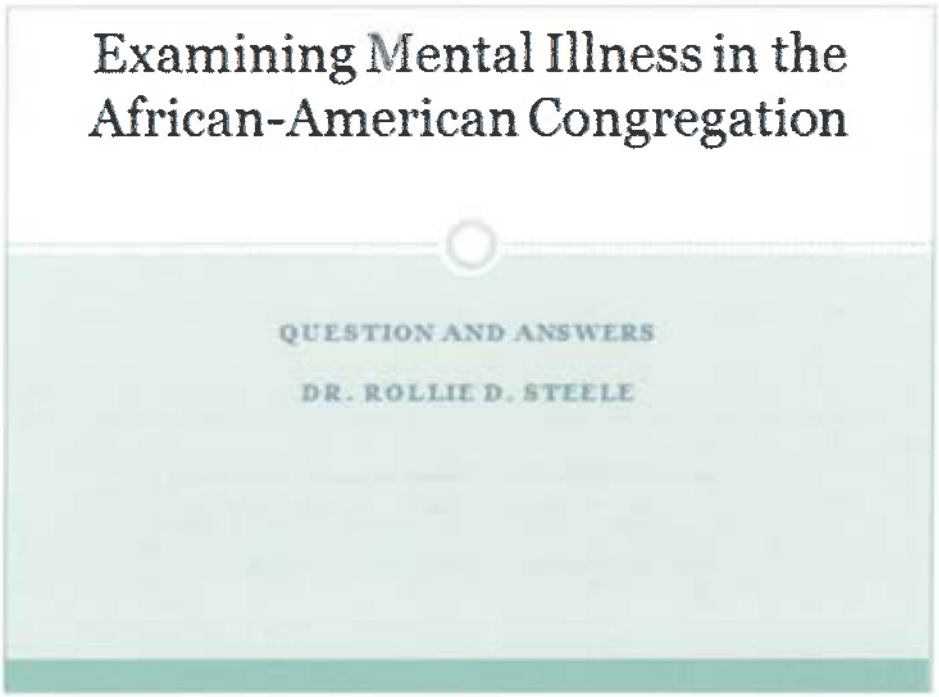
Examining Mental Illness in the African-American Congregation
MATTHEW 23:23-24

Matthew 23:23-24

- The people were looking for relational love from their leaders. They needed a source of stability to help them navigate the changing landscape. The Early church was in the middle of a major shift in the text.
- The modern day church is also in the middle of a very similar shift. People are examining our present cast of leaders and wondering if they are ascending to high places, but failing to work together to solve our pressing issues.

Matthew 23:23-24

- The focus was on preparing the outward symbols of piety, but they were failing to perform the acts of justice.
- The best illustration is the idea of cleaning the outside of the cup, but failing to clean the inside. The water needed to stay as clean as possible because it was what you ingested.
- The leaders were only performing the outwardly signs.


Examining Mental Illness in the African-American Congregation
QUESTION AND ANSWERS
DR. ROLLIE D. STEELE

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